

Dispatcher: Candice Edmondson Phone: 754-227-8100

Info@newventurestruckingservices.com

CREDIT CARD PAYMENT AUTHORIZATION FORM

I		, herei	n after called CARRIER do
initiate a debit entry for credit card account in understand that my s my driver license, will	Ventures Logistics a or the amount due on o dicated below, in con ignature on this autho	nd Business Servi each invoice for se sideration of the d orization form, alon	ices LLC, hereinafter called DISPATCH, to ervices rendered per signed agreement, to the dispatching service provided to me. I ng with aphotocopy of the front and the back of g to produce these items for impression at the
time of service.			
Name on the Card:			
Please Circle One: VIS Credit Card Number:	SA, MC, DISC, AMEX		
Expiration Date:	/CVN	N:	ZIP:
	Amount:		
Loads Starting on		/20	
This authorization is	s to remain in full force	e and effect until tl	he ending date listed above. I understand
that I will be notified v	ria email when dispato	ch debits my accou	unt each week. I understand that if the load
is tendered and accep	oted by me, but for any	y reason, rather dι	ue tocarrier, shipper, or broker, the load
gets reschedule or ca	ncelled,		
I understand I am sti	I responsible for payi	ng dispatch as set	t out above unless agreement is made with Nev
Ventures Logistics ar	d Business Services,	LLC. Any revocati	ion shall not be effective until dispatch is
notified by carrier in v	vriting to cancel this a	utomatic payment	t authorization, in such time and insuch manne
as to afford dispatch	a reasonable opportur	nity to act on it.	
Card Holders' Signature	Authorization Date		
Card Holders' E-Mail	_		