

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us via email [dimensiondispatching@gmail.com](mailto:dimensiondispatching@gmail.com). This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, \_\_\_\_\_, authorize Dimension Dispatching LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

CREDIT/ DEBIT CARD WILL BE CHARGED \$1 TO VERIFY ACCOUNT INFORMATION IS ACCURATE

ALL INVOICES ARE SENT OUT ON FRIDAY AND DUE 24 HRS FROM DATE AND TIME SENT TO CARRRIER.

CREDIT CARD AUTHORIZATION WILL NOT BE PROCESSED UNLESS CARRIER INVOICE HAS NOT BEEN SATISFIED WITHIN 48 HRS OF INVOICE SENT BY DISPATCHER

