

G5 Logistics
PO Box 29
Bargersville, IN 46106
317-522-2555 Office
317-522-2556 Fax

CREDIT CARD AUTHORIZATION FORM



I _____ authorize G5 Logistics Inc. to charge my credit card for services rendered.
(NAME)

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

Authorized Signature

DATE

FAX OR EMAIL TO:

G5 Logistics – Ken Berryhill
317-522-2556 fax
ken@g5logistics.com