

Sage Financial Logistics, LLC

CREDIT CARD AUTHORIZATION FORM

Please print clearly using black or blue ink, or fill in all blanks electronically

Section I: Cardholder Information

Taxpayer's First Name

Taxpayer's Last Name

Billing Address Apt/Suite

City State Zip Code

Phone Number Cell Office Home

Email Address (For receipt of payment)

Section II: Credit Card Information

Credit / Debit Card Number (16 digits)

CVV Code (AmEx Requires 4 digits)

Expiration Date (MM/YY)

Billing Zip Code

\$ Estimated Amount

Section III: Cardholder Authorization

Cardholder's Signature

Date

By signing above, I agree to pay the estimated amount according to this agreement: In signing this form, I authorize Sage Financial Logistics, LLC to store my credit card information in a secured database for future charges that are approved by me. By signing this form, I have verified that all credit card information is correct and releasing Sage Financial Logistics, LLC of any liability. In unforeseen circumstance of a charge made in error, I will contact Sage Financial Logistics, LLC within 5 business days of charge to request a refund, minus any credit card fees. *Disclosure: I understand that Sage Financial Logistics, LLC is authorized to charge my card card on file an additional 4% credit card processing fee for any services rendered, which is not refundable or credited back to me. This fee may not be itemized or included on the Company's invoices.*