

CREDIT CARD CHARGE AUTHORIZATION

RETURN VIA FAX TO: OR VIA E-MAIL TO: jochoa@grupojl.net

DEAR VALUED CUSTOMER,
PLEASE FILL OUT THE FOLLOWING FORM AND RETURN IT WITH YOUR SIGNATURE SO THAT WE MAY
PROCESS
YOUR ORDER.

I AUTHORIZE **GRUPO JL LOGISTICS, LLC** TO CHARGE MY:

MASTERCARD _____ VISA _____ ACCOUNT# _____

CARD VALIDATION CODE: _____ (3 digit # printed on the back of the card at the end of the account number)

ISSUING BANK: _____ EXP. DATE: _____

CREDIT CARD BILLING ADDRESS:

NAME: _____

ADDRESS: _____

PHONE: _____

TOTAL AMOUNT: US\$ _____

PLEASE PROVIDE LAST 6 NUMBERS OF VIN OF VEHICLES YOU ARE PAYING THE SHIPMENT

GRUPO JL

I UNDERSTAND THAT MY SIGNATURE ON THIS FORM WILL SERVE IN LIEU OF MY AUTHORIZED
SIGNATURE ON THE CREDIT CARD SLIP. I UNDERSTAND THAT ONCE MY ORDER HAS BEEN
PROCESSED AND SHIPPED THAT I MAY NOT CANCEL MY ORDER.
I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONDITIONS.

SIGNATURE: _____

DATE: _____