



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number: _____

Item(s) Purchased: _____

Amount to be Charged: _____

By signing this form, you authorize [Lockdown Logistics, LLC](#) to charge your card for the amount listed above.

Print: _____

Sign: _____ Date: _____