



For Office Use Only:
Acct Name: _____
First Date of Service: _____
Entered By: _____

Authorization Form to Charge and Keep Credit Card on File

This is a Credit Card **Debit Card** **Card Type:** Visa M/C American Express Discover

* A valid debit or credit card is required to place a reservation. Debit and Credit cards will be pre-authorized prior to trip for the full amount, plus up to 30% to cover incidentals or overages. The amount incurred will be charged after completion of your trip. Authorized amounts may take up to 30 days after trip completion to be released by your bank or financial institution and North Point will not be responsible for any resulting fees or charges. Vehicles will not be dispatched without an approved authorization.

Cardholder Name (as it appears on card): _____

Company Name (If corporate card): _____

Card Number _____ **Expiration Date** ___/___/___ **Security Code** _____

Billing Address for Credit Card: _____

City/State/Zip: _____

Phone Number: (____) _____ - _____ **Email Address:** _____

THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE & SIGNED BY THE AUTHORIZED USER ONLY:

I, _____ authorize North Point Transportation Group, Inc., To process the above credit/debit card as "Signature on File" for service provided by North Point Transportation Group, Inc., and its companies.

PLEASE LIST ALL PERSONS AUTHORIZED TO CHARGE SERVICES TO THIS CARD:

- | | | | |
|-----------------------|---------------------|---------------------|--------------------|
| 1. Name: _____ | Title: _____ | Phone: _____ | (Ext) _____ |
| 2. Name: _____ | Title: _____ | Phone: _____ | (Ext) _____ |
| 3. Name: _____ | Title: _____ | Phone: _____ | (Ext) _____ |

A COPY OF BOTH SIDES OF THE CREDIT CARD AND THIS FORM MUST BE SIGNED AND EITHER EMAILED OR FAXED BACK TO OUR OFFICE, PRIOR TO ANY SERVICE BEING PROVIDED.

I, _____, authorize North Point Transportation Group, Inc., to charge the above credit card account for payments owed to my account for services rendered by their company. I agree to update any information regarding this account. The above information is complete and correct to the best of my knowledge.

I authorize this card to be used for: **SINGLE USE** **MULTIPLE USE**

Cardholder Signature _____ **Date** _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify North Point Transportation Group, Inc. in writing of any changes in my account information or termination of this authorization prior to the next billing. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the transaction is completed. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that North Point Transportation Group, Inc may at its discretion attempt to process the charge again within 90 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or Credit Card Company.

P.O. Box 88128 Atlanta, GA 30356
www.nplimo.com

Phone 678-935-5000

Fax 678-935-5001
info@nplimo.com

Toll Free 800-865-3252

