Kelvin Perkins: Dispatcher Phone: 334.520.3780 perkins@zionhill4you.com

## CREDIT CARD PAYMENT AUTHORIZATION FORM

I,hereinafter called CARRIER do hereby	y
authorize Zion Hill Dispatching LLC, hereinafter called DISPATCH, to initiate a debit entry for the am	ount due
on each invoice for services rendered per signed agreement, to the credit card account indicated below,	in
consideration of the dispatching service provided to me. I understand that my signature on this authoriz	ation
form, along with a photocopy of the front and the back of my driver license, will allow me the convenience	ence of
not having to produce these items for impression at the time of service.	
Name on the Card: Please Circle One: VISA MC DISC AMEX	
Credit Card Number:	
Credit Card Number: Expiration Date:/CVN:ZIP:	
Authorized Payment Amount:Loads Starting on// 20	
This authorization is to remain in full force and effect until the ending date listed above. I understand the	hat I will
be notified via email when dispatch debits my account each week. I understand that if the load is tender	ed and
accepted by me, but for any reason, rather due to carrier, shipper, or broker, the load gets reschedule or	
cancelled, I understand I am still responsible for paying dispatch as set out above unless agreement is n	nade with
Zion Hill Dispatching, LLC. Any revocation shall not be effective until dispatch is notified by carrier in	ı writing
to cancel this automatic payment authorization, in such time and in such a manner as to afford dispatch	a
reasonable opportunity to act on it.	
Card Holders' Signature Authorization Date:	
Card Holders' E Mail:	