



Forklift Express

3051 Jones Mill Road ∞ Peachtree Corners, GA 30071 ∞ 770-662-8805
www.forkliftexpress.com

Credit Card Authorization Form

Individual or Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cardholder hereby authorizes Forklift Express to process transactions on the named credit card for all parts and services rendered on the listed account. This authorization will remain in effect until applicant revokes this form by submitting a written request to the above address. Service rates are: \$109.00 service call fee (travel) plus \$109.00 per hour while on site. Parts pricing will be per occurrence and provided upon request. Upon completion of service a work order will be presented to customer to verify completion of service, it is the customer's responsibility to provide an authorized signature for this purpose. A credit card processing fee of 3% will be applied to all transactions over \$2000.00.

Credit Card Type: VISA MASTER CARD AMEX

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Email Address: _____

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Forklift Express to charge my credit card for all parts and services rendered on my account. I further agree that in the event my credit card becomes invalid, I will provide Forklift Express with a new valid credit card.

Signature: _____

Print: _____

Date: _____