



Service Means Satisfaction ~ P.O. Box 8100 ~ San Antonio, Texas 78208

CREDIT CARD PAYMENT AUTHORIZATION FORM

*For Security Reasons Copy of both sides of Credit Card & Owners Driver's License are REQUIRED!

This form must be completed and returned to accounting@smslogistics.net. Julie Lange. *Prior to Shipping*

***Information will be kept Confidential and only used for the purpose indicated Below.

Date:	SMS Order #	Rate: \$	4%Fee: \$	Total: \$
Customer Name:				
Card Holder Name as it Appears on Card:				
Type of Card: (Circle One)	AMEX	MC	VISA	Discover
Card Billing Address:			Contact:	
City:	State:	Zip Code:		
Card Number:				
Expiration Date:		Security Code:		

INVOICING

I wish to have copies of charged Invoices & Credit Card charge slip(s)

Billed to:

Address:

City: _____ **State:** _____ **Zip Code:** _____

Email to:

Contact Name & Number:

AUTHORIZATION

Please Print Name & Initial one of the statements below:

I _____ hereby authorize **SMS Logistics, Inc. (c/o SWD)**, located at 3232 N. PanAm Expressway, San Antonio, TX 78219 to charge the above card for: **(Plus 4% fee)**.

_____ All SMS Logistics, Inc transactions (Your card will be kept on file).

_____ All SMS Logistics, Inc. transactions related to Customer Quote/Job # _____.

_____ A one time transaction in the amount of \$ _____ **Fee** _____ **Total** _____

Cardholder Signature: _____ **Date:** _____