



STG Logistics, Inc

Superior Transport Group

**AUTHORIZATION FOR CREDIT CARD CHARGES**

This form authorizes STG Logistics Inc/Superior Transport Group to charge: (USD) \$ \_\_\_\_\_  
(total amount)

For services rendered relating to invoice number(s): \_\_\_\_\_  
(required information)

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Agreement – Required Information**

I accept the charges above and authorize charges to the following account

VISA

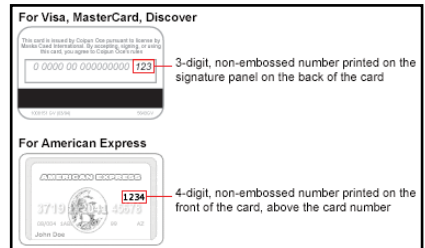
MASTERCARD

AMEX

( CIRCLE ONE )

CARD #: \_\_\_\_\_

CARD SECURITY CODE: \_\_\_\_\_



Expiration Date: \_\_\_\_\_ Corporate Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Statement Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Phone Number: \_\_\_\_\_