



Long Haul Specialty Transport, Inc.
Credit Card Authorization & Payment Form

Invoice #:

Please fill out the fields below & sign if paying with a credit card:

Customer Name:

Date:

Phone Number:

Email:

Year, Make & Model of the Vehicle being Transported:

#1:

#2:

Pick-up Address:

Delivery Address:

Transport Quote/Cost:

Credit Card Information:

Type of Credit Card:

Visa:

MasterCard:

Name as it appears on the Credit Card:

Expiration Date:

Credit Card Billing Information:

Street Address:

City:

State:

Zip Code:

**** For your security, we will call you for your credit card number and security code. We will process your Credit Card for your initial deposit (20% of the cost of transport) then we'll process your Credit Card for the remaining balance prior to your scheduled pick-up date (2-3 days prior). Credit Card Payments can be made using a Visa or MasterCard. We do not accept American Express or other credit cards. We do not accept 3rd party payments.**

I, the cardholder, authorize Long Haul Specialty Transport, Inc. to charge my Visa or MasterCard for payment of the vehicle(s) transport described above.

Customer Signature: _____ **Date:** _____

**** Please fill out, print, sign, and date this document in the "Signature & Date" sections and email to "matt@longhaultspecialtytransport.com"**