



Repeat/Recurring Credit Card Charge Authorization Form

Name on Credit Card:	_____		
Cardholder Name (if different):	_____		
Name of Company (if any):	_____		
Type of Account:		Expiration Date:	_____
Type (Visa, MC, AmEx, etc.):	_____	Last 4 digits of CC:	_____
CC Billing Address:	_____		
Company/Cardholder Mailing Address (if different):	_____		

I, _____ (Authorizing Party), hereby authorize Commodity Forwarders, Inc. to make repeat/recurring charges to my/Company's credit card (plus 3% finance fee) ending in _____ (last four digits) for the collection of payment for all sums owed to Commodity Forwarders, Inc. and, if necessary, to initiate and/or process adjustments for any transactions credited/debited in error.

I certify that I am an authorized holder and user of the above-referenced credit card and that all information provided herein and on the attached Confidential Credit Card Information Form, which is incorporated herein by reference, is complete and accurate. I understand that charges on the above-referenced credit card will be made on a repeat/recurring basis as long as this Authorization remains in effect. I further understand that this Authorization shall remain in effect until Commodity Forwarders, Inc. is notified by me/Company in writing, to cancel or modify this Authorization at least five (5) days before such change is to take effect.

If credit card is declined, it will result in immediate delay of any and all shipments.

**Authorizing Party
Signature:** _____

Date: _____

**Authorizing Party
Name (Please Print):** _____

Confidential Credit Card Information Form

The following information will remain confidential. Once entered electronically, this Confidential Credit Card Information Form will be destroyed. Thereafter, the account will be identified by the last 4 digits and the name on the card.

Name on Credit Card:	_____	
Credit Card Number:	_____	
Expiration Date:	_____	CCV Code: _____
<i>** This information must match the information provided on the Repeat/Recurring Credit Card Charge Authorization Form.</i>		

For first time credit card payment
Please submit copy of Credit Card and ID