



GLOBAL SOURCE
EXPEDITED
2302 West Dolarway, Suite 3
Ellensburg, WA 98926

Phone: 206-486-1445

Fax: 855-284-6199

OPEN CREDIT CARD AUTHORIZATION FORM

I, _____ representing _____
(Card Holder Name) (Company Name)

do hereby authorize Global Source Expedited Inc. to charge my credit card account as specified below for payment of freight services.

★ This is an open authorization to allow charges to my credit card for all orders placed with Global Source Expedited Inc. The amounts charged will vary per transaction, based on each individual order amount. There will also be a surcharge of 2.5% billed per transaction where permitted by law for CC processing.

Please check all that apply:

- Use the credit card information below to open an account and keep it on file for payment of future charges.
- Remove the current credit card on file and replace with the updated credit card information below.
- My credit card on file has expired. Please update my file with the new credit card information below.
- Keep this credit card on file as a backup/secondary card for my account. I understand this card will be charged should my credit account become past due more than 30 days.

I have read and agree to all of the terms and conditions on this page, as well as, the terms and conditions of Global Source Expedited which is found at www.shipgse.com, or any other document that accompanies this agreement. I hereby certify that I am the authorized account holder for the credit card account to be charged. This credit card authorization will remain in effect until Global Source Expedited receives my written notice of cancellation via email, fax, or mail.

I understand this is a legal binding agreement between Global Source Expedited Inc. and the party indicated below:

Card Holder's Name: _____
(Please Print)

Authorized Account Holder Signature: _____ Date Signed: _____
(Required) (Required)

Name as it appears typed on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ CCV#: _____
(Accepted Card Types: American Express, Discover, MasterCard, Visa) (Month/Year) (3 digit or 4 digit)

Credit Card Billing Address: _____

Accounts Payable Contact: _____ A/P Email Address: _____
(Required) (Required)

Federal Tax ID/EIN#: _____ Phone #: _____

SUBMIT THE COMPLETED FORM TO GLOBAL SOURCE VIA OUR SECURE FAX AT: 855-284-1699 OR EMAIL TO: VENDORS@SHIPGSE.COM