

Credit Card Authorization Form

l,	with,	•
(Cardholder Name required)	(Customer/Company Name)	(Customer Number)
authorize Ford Global Enterprises -dba credit card, as indicated below, for frei to my credit card for all orders placed v 5.0% surcharge fee per transaction who	ght / Transportation svs. This is a with VLG on a Transactional basis	in authorization to allow charges
Please check the option that applies:		
conditions of VLG on www.vision agreement. I		page, as well as, the terms and document that accompanies this
certify that I am the authorized accoun I understand this is a legal binding agre		
		(Cardholder's Name)
Authorized Account Holder Signature	(required)	Date (required)
Name as it appears on credit card:		
Credit card number: CCV#		-
Expiration date of credit card:		
Billing address of credit card:	(Card types accepted: Visa, Mas	sterCard, Discover or American Express.)
Send to secure:	Completed scanned Copy back to msf@fordglobalent.com	
VLG - Representative:	Matthew S. Ford	
VLG-MSF		