

FAX BACK TO 1-866- 325-4272



Carlisle, PA 17013
Tel: 1-866-293-1880

DOT Work History Credit Card Payment
Authorization Form

Sign and complete this form to authorize **CDL Consultants, LLC** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only. **Please complete the information below, free requests do not require a credit card, but do require this form:**

Expedited 36 hour (\$20.00) *not including weekends*

Standard Fast within 5 calendar days (\$8.00)

Standard Free less than 30 days (Free)

I _____ authorize CDL Consultants, LLC to charge my credit card
(full name)
account indicated below for the amount indicated above on or after _____
(date)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

This payment is for a history on

Driver Name: _____
Be sure and attach signed authorization from the driver.

Fax or Email to : _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. If we are unable to meet chosen deadline we will charge the next lower applicable rate.