

Transporter Auto Services, Inc.

5297 Scotts Valley Dr. Scotts Valley, CA 95066
Toll Free: (800) 779-3329 Fax: (831) 461-1744
Email: Linda@tashelp.com Website: www.tashelp.com

I, _____ hereby authorize Transporter Auto Services, Inc. to charge my credit card
(Your first & last name) for the transportation /shipment of my vehicle(s).

Card Holder Name: _____ **Credit card Type: MasterCard or Visa**
(As appears on card)

Credit Card Billing Address: _____

Credit Card Number: _____ **Exp Date:** _____
(Month, Year)

In the Amount of: _____ \$ _____ **V-CODE** _____
(Please write the amount in words not numbers)

Vehicle Being Transported/Shipped: _____
(Year, Make, Model)

Transport/ Shipping From: _____
(City, State)

Transport/ Shipping To: _____
(City, State)

If the above amount I authorize to be charged does not cover the full balance due for the service rendered, I agree to pay the remaining balance of \$ _____ to the driver who delivers my vehicle(s) in **CASH ONLY.**

I AGREE TO ALL THE TERMS AND CONDITIONS OF TRANSPORTER AUTO SERVICES, INC., WHICH I HAVE RECEIVED, READ, AND AGREE TO.

I ALSO UNDERSTAND THAT TRANSPORTER AUTO SERVICES, INC. DOES NOT GUARANTEE A SPECIFIC PICK UP OR DELIVERY DATE AND TIME OF MY VEHICLE(S).

By signing this form, I agree I will not request a charge back on my credit card pertaining to this transport, its associate shipping order, and agreement. I agree that any dispute or complaint I may have, I will communicate directly with Transporter Auto Services, Inc.

A non-refundable Fee of \$100.00 will be charged for all cancelled orders.

A non-refundable Fee of \$250.00 will be charged for all cancelled orders, which have a booking or reference number.

Driver's License Number of Credit Card Holder: _____

Credit Card Holder Signature: _____ **Date:** _____

Thank You for Your Business