



Credit Card Charge Authorization Form

I (we) hereby authorize Wilshire Transportation, Inc. to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Wilshire Transportation, Inc. is notified by me (us) in writing to cancel it in such time as to afford Wilshire Transportation, Inc. and Credit Card Company a reasonable opportunity to act on it. We assure you 100% safety on your privacy!

(Name - PLEASE PRINT AS IT APPEARS ON YOUR CARD)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Please circle one: Visa / MasterCard / AMEX / Discover

Account Number: _____

Expiration Date: _____

Billing Zip Code _____ CVC (on back side, AMEX on the front) _____

Frequency (please circle one your choice charge schedule):

One Time Weekly Bi-Weekly Monthly

(Signature)

(Effective Date)

(Name - Person in Charge)

(Position)

(Department)

Please return to: via... MAIL/FAX/EMAIL.
WILSHIRE TRANSPORTATION, INC.
Attn: Endalk Tessema
4717 Don Lorenzo Dr. Suite# 8
Los Angeles, CA. 90008

Toll Free Tel/Fax: (800) 991-0478
Direct Tel: (213) 280-8168
Wilshiretrans@att.net
www.wilshiretrans.com

NOTE: _____