

# Transporter Auto Services, Inc. MC#600424

5297 Scotts Valley Drive, Scotts Valley, CA 95066

Toll Free: (866) 498-2366 Fax: (831) 461-1744

Email: [Linda@tashelp.com](mailto:Linda@tashelp.com) – Website: [www.tashelp.com](http://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: \_\_\_\_\_  
(M) (Y)

In the Amount of: \_\_\_\_\_ \$ \_\_\_\_\_ V-Code \_\_\_\_\_  
(Please write the amount in words not numbers)

Vehicle Being Transported/ Ship: \_\_\_\_\_  
(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 trucker who delivers my vehicle(s) in **CASH ONLY**.

**I AGREE TO ALL THE TERMS AND CONDITIONS OF THE SHIPPING ORDER 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.

I agree that I will be charged an additional 3% Administration fee if I choose to charge the total amount for the transportation/ shipping of my vehicle(s) on my credit card. You will not be charged the 3% Administration fee if you choose to charge the deposit amount only. This fee of 3% is not refundable if your order is cancel.

**A non refundable Fee of \$100.00 will be charged for all canceled orders, unless alternate arrangements have been made.**

Driver's License Number of Credit Card Holder: \_\_\_\_\_

Credit Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You for Your Business**