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| **Client Agreement** |
| I      ,  authorize TRI STATE FORWARDING, INC. to charge my       credit card,  Card Number       , Expiration Date:     , Security Code (3/4 Digit Number)     ,  a total of US $       for the settlement of the following invoices.  I agree to an added charge of 2.95% for Visa/ MasterCard/ Discover or an added charge of 3.9% for American Express.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  Please fill in your information as it appears on your credit card as well as the address to where the card bill will be mailed.  Name:  Street Address:  City, State, Zip Code:  Business phone or other phone associated with the account: |