

|  |
| --- |
| **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:       |