

A & D TRANSPORTATION CORP.

SIGNATURE ON FILE AUTHORIZATION

I hereby authorize my signature to be on file with A & D Transportation Corp. for the purpose of charging transportation services on my credit card. I authorize the respective credit card company designated below to accept this form in lieu of my signature appearing on the individual credit card receipt for transportation services rendered.

Credit Card Number: _____ Exp. Date _____

Card Type: AMEX _____ VISA _____ MC _____ DISCOVER _____

Please supply us with names of those who are authorized to order transportation service with this credit card.

Card holder Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Fax: _____

CARD HOLDER SIGNATURE

CARD HOLDER NAME (PRINT)

IMPORTANT: Submit photocopies of the credit card (front and back) and card holder's photo identification (ex. driver's license or passport) and return along with this form. This application will not be accepted without proper identification.

RATES, TERMS AND CONDITIONS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

FAX COMPLETED FORM AND ALL RELEVANT DOCUMENTS TO

New York Office : (718) 643-9780

New Jersey Office : (732) 786-1653