



Destination Logistics Credit Card Authority

PLEASE COMPLETE IN BLOCK LETTERS.

Company / Trading Name;

Contact Person;

Trading Address;
Street Address Only;

Telephone Number;

E – Mail Address;

Cardholder Name;

Cardholder Address.

Cardholder Telephone Bus.

Credit Card Type;

Credit Card Type Number;

Expiry Date;

Amount;

Cardholders Signature; _____

Card ID;

Date;