



# Authorization for Credit Card Use

Option 1: COMPLETE THIS AUTHORIZATION, PRINT AS PDF AND EMAIL THE FORM TO [SEMINARS@BORDERWORX.COM](mailto:SEMINARS@BORDERWORX.COM)

Option 2: EMAIL [SEMINARS@BORDERWORX.COM](mailto:SEMINARS@BORDERWORX.COM) AND WE'LL CONTACT YOU AND COMPLETE YOUR REGISTRATION.

*All information will remain confidential*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Amex \_\_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digits located on the back of the credit card)

Amount to Charge: **\$99.00** (USD) **USMCA - Focus on Canada / USA Trade Seminar**

\_\_\_\_\_ *Check if you would like to keep your card on file for future use.*

I authorize **Borderworx Logistics, LLC** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholders' agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please return the completed and signed form to the following: [Seminars@BorderWorx.com](mailto:Seminars@BorderWorx.com)**

**6405 Inducon Drive West – Sanborn, NY 14132  
Tel: 1-716.216-6714 Fax: 1-877-342-6339**