



Auto-Payment Form

I, _____ authorize Hassell Free Shipping, Inc. to electronically charge this and all future payments to the credit or debit card that I am providing. I authorize the use of this card for all invoices upon shipment of my goods. I confirm that I am an authorized signer on the credit or debit card account related to the information provided below. I understand that if this electronic charge does not process successfully, it will be my responsibility to provide Hassell Free Shipping, Inc. with an alternate credit or debit card in a timely manner. Any unpaid invoices will result in a monthly finance charge of 1.5%.

Billing Contact Info

Contact (Primary): _____ Billing Telephone Number: _____

Contact (Secondary): _____ Billing Telephone Number: _____

Invoice Delivery Options:

Please email all invoice related information to the following emails:

Primary: _____ Secondary: _____

Credit Card/Debit Card

Card Type Visa _____ Master Card _____ Discover _____ American Express _____

Credit Card # _____ Expiration __/__/____ Security Code _____

Name on card _____ Billing Address _____

City _____ State _____ Zip _____

Card Holder Signature X _____ Date _____

By signing below, I authorize Hassell Free Shipping, Inc., to charge the credit or debit card I have provided above for the services and/or goods that were provided at my request.

Company (if applicable): _____ Date: _____

Signature: _____ Date: _____

Completed payment forms can be faxed to our confidential Fax number 772-219-4522 or emailed directly to our Finance Department at accounting@hassellfree.com. If you have any questions, please feel free to contact our Finance Department at 772-219-4521 Extension 306.