



PRE-AUTHORIZED CREDIT CARD ACCEPTANCE FORM

Please forward the completed form to CSX Transportation (CSXT) via email at CustomerRel@csx.com or a secured facsimile at 904.245.2985. Questions? Call 904.279.3829

SECTION 1: AGREEMENT HOLDER

*Agreement Holder Name:			
*Address (1):			
Address (2):			
*City/State/Zip:			
*Contact Name:		*Phone No.:	
Contact Title:		Cell No.:	
Contact Email:		Fax No.:	

*SECTION 2: PAYMENT

One-Time Payment		Contract Number
Bill Number	Amount*	
	\$	
	\$	
	\$	
	\$	

*CPI charges will be added when applicable. CPI is the Consumer Price index compiled by the Bureau of Labor Statistics of the United States Department of Labor. If your agreement calls for CPI adjustment then the CPI adjustment amount will be added to the amount indicated above for any future recurring payments. Examples of frequency Types: Annually, Semi-Annually, Quarterly, Monthly

SECTION 3: PAYMENT SOURCE

*Cardholder Name:			
*Cardholder Billing Address:		*City/State/Zip:	
*Visa/MasterCard Account Number:		*Last 3 Digits on Signature Line:	
*Expiration Date: (MM/YY)			

SECTION 4: AUTHORIZATION

I hereby authorize CSXT to keep my signature on file and to charge the above account in the amount indicated. I understand this authorization will be in effect until CSXT is notified of change by prepaid registered mail or certified mail to the following address:

CSX Transportation Property Services, J180 6737 Southpoint Drive Jacksonville, FL 32216	*Cardholder Signature: *Date:
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