



"Solutions for the Long Haul"

Fax Check Authorization

Date: _____ 4 Way Pro# _____

Company: _____

Address: _____

City, State Zip: _____

Re: Check # _____ Amount: _____

TERMS & CONDITIONS

I authorize 4 Way Logistics, Inc. to reprint and deposit the above referenced check in the amount stated above. This money is due and payable to 4 Way Logistics, Inc. for transportation services rendered. These charges are valid and I agree not to dispute the charges. In the event of a returned check, a \$40.00 returned check fee will be added. Also, the maker of the check will be liable for all collection costs.

It is agreed that 4 Way Logistics, Inc. arranges transportation services and as such the total aggregate liability of 4 Way Logistics, Inc. under this agreement, regardless of the basis of liability or the form of action, will in no event exceed the total service fee charged by 4 Way Logistics, Inc. in respect of the shipment in dispute.

If the shipment size or weight changes from original quote, or other accessorial requirements, such as lift gate, residential pick up or delivery, etc., not indicated on the original quote, are required or assessed by carrier, extra charges will be assessed to Client, and Client agrees to be liable for these charges.

Signature

Print Name

Title

Please Fax Back With Clear Copy Of Check To 877-329-4929

Corporate Offices:
2303 Camino Ramon, Suite 202
San Ramon, CA 94583

Mailing Address:
P.O. Box 128
San Ramon, CA 94583

Phone (925) 830-8900 • Fax (925) 830-8363
WWW.4WAY.COM