



DRIVERSOURCE™

Your dedicated logistics partner.

VERIFICATION OF EMPLOYMENT

CREDIT CARD AUTHORIZATION

TODAYS DATE: _____

VOE REQUESTED BY: _____ CONTACT NUMBER: _____

COMPANY NAME: _____

___ EMAIL ADDRESS THE COMPLETED VOE WILL BE SENT TO: _____

___ FAX NUMBER YOU WISH COMPLETED VOE SENT TO: _____

NAME ON CARD: _____

CARD HOLDERS BILLING ADDRESS:

AMOUNT OF CARD TRANSACTION: \$15.00

Credit Card Number: _____

Expiration Date: _____ CVV CODE: _____

Circle what type of Credit Card -

Visa Mastercard Discover Card

CARDHOLDER'S SIGNATURE AUTHORIZING THIS TRANSACTION: _____

By signing this authorization release, I am agreeing to allow DriverSource to charge my credit card the amount specified above and agree to pay this amount and agree to this credit card transaction.

NAME OF EMPLOYEE THIS VOE IS FOR: _____

RECEIPT REQUESTED FOR THIS TRANSACTION: YES NO If yes, indicate fax # or email address you would like to have it sent to

___ FAX RECEIPT TO: _____ OR ___ EMAIL RECEIPT TO: _____

PLEASE RETURN THIS AUTHORIZATION FORM TO: FAX NUMBER – 313-914-2875

If you have any questions, please contact us at 1-313-624-9500

15340 Michigan Ave. Dearborn, MI. 48126 Phone: 800-887-9095