




CREDIT CARD AUTHORIZATION FORM

On this ____ day of _____ 20__, I authorize Trans-Pro Logistic Inc. to process a payment on below credit card for the amount of \$_____, currency USD () CAD ().

This payment is owed to Trans-Pro Logistic Inc. for the following invoice(s): _____.
The payment will be processed before delivery of concerned loads.

This form also waives the rights of card holder from contesting or disputing the above amounts processed on the credit cards.

Please provide the necessary information required below along with your signature that you are complying with the said terms and conditions.

-  _____, _____, _____, _____ Expiration Date: __ | __
-  _____, _____, _____, _____ Expiration Date: __ | __
-  _____, _____, _____, _____ Expiration Date: __ | __

Card holder Name (*please print*): _____

Card Holder billing address: _____

Telephone Number of Card Holder: _____

Card holder Signature: _____

Company name: _____

Security code (3digits): _____

***Please return to accountsreceivable@trans-pro.com or
FAX : 1 (866) 358 – 9203***

CREDIT

DEPARTMENT USE ONLY

US /CAD exchange rate: _____ A s per Bank of Canada Closing rate on : _____

Amount in CAD: _____ Authorization #: _____