



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

Card Type: VISA MasterCard American Express

Name on card:

Card number:

Expiration date:

CCV Number:

BILLING INFORMATION

Billing Address:

City:

Province:

Postal Code:

Phone:

SIGNATURE APPROVAL

This Authorization form is required for all clients to pay by credit card. This authorization is a guarantee of payment. National Cartage Ltd. reserves the right to charge your card for the amount of the charges incurred to complete the order(s) submitted for services and PO's processed. It is agreed that, because all business is conducted by fax, e-mail, or electronically, it will not be necessary for the credit card to be present for any legitimate charges to be valid. National Cartage Ltd. reserves the right to restrict the credit of any client for any reason.

I certify that I am the holder of the above credit card, or have been authorized by the holder, to use it to pay for services provided by National Cartage Ltd. and I agree to all of the terms and conditions above.

Name (Please Print):

Signature:

Date: