

Canada

Transport Inc.

CREDIT CARD AUTHORIZATION FORM

VISA OR MASTERCARD (FRONT OF CARD)

Please photocopy front of card
In this space

Name of Cardholder: _____

Visa or MasterCard Number: _____

Expiry Date: _____

Drivers License Number: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Postal Code: _____

Telephone number: _____

Fax number: _____

I, _____ hereby authorize CANEDA

TRANSPORT INC to charge the sum of \$ _____ to my Visa

or MasterCard.

Signature: _____ Date: _____