

Capital Dedicated Logistics

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Credit Card Authorization Form

Authorization Agreement

I hereby authorize **Capital Dedicated Logistics** to use the credit card listed below to pay for freight services as ordered by our company. I understand that charges will be applied to the card within 48 hrs of services are completed.

I understand that a copy of the credit card slip will be sent to me via facsimile, or via electronic mail as a receipt of payment.

Please fax the receipt to # () _____ - _____ attention: _____

Account Information

Name of Financial
Institution (ie- Bank of
Nova Scotia Visa) _____

Credit Card # _____ Expiry date _____

Signature

Authorized Signature _____ Date: _____

Printed name _____

- *This card will NOT be kept on file for future use.*