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| **Credit Card Authorization Form** |

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| --- | --- |
| Company Name |  |
| Transaction /File Number | **TEIN -** |
| Requested By  *(Appointed Total Express Operator)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Credit Card Type | VISA  Mastercard  American Express | | |
| Charged Amount | **CAD  USD** | **$** |  |
| **3% Transaction Charge** | **$** |  |
| **Total** | **$** |  |
| Cardholder’s Name |  | | |
| Cardholder’s Address |  | | |
| Cardholder’s Phone Number |  | | |
| Card Number\* |  | | |
| Expiry Date\* |  | | |

\*Please make sure the Card number and Expiry date is correct, for us to correctly process your payment

By filling out this form, you authorize Total Express Ltd, to use the following credit or debit card information to process payment(s) of charges due.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | Title: |  |
| Signature: |  | Date: |  |

*Please note: An administrative fee will be assessed to the total transaction charges for payment by VISA, Mastercard, American Express, and for debit card payments.*

Address: 3220 Caravelle Dr, Mississauga, ON, Canada, L4V 1K9