

# PAY BY CREDIT CARD AUTHORIZATION

Print and Complete this form and send: • By Fax to: 246-271-4625

## CLIENT INFORMATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Type of Service you are Paying for:

- Bookkeeping: Amount: \$ \_\_\_\_\_ For the Month(s) of: \_\_\_\_\_
- Fuel Tax/IFTA: Amount: \$ \_\_\_\_\_ For the Month(s) of: \_\_\_\_\_
- BPM/CollectAR: Amount: \$ \_\_\_\_\_ For the Month(s) of: \_\_\_\_\_
- Full Year Service: Amount: \$ \_\_\_\_\_ For the Bus Year \_\_\_\_\_ to \_\_\_\_\_
- Others: Amount: \$ \_\_\_\_\_ For: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## CREDIT CARD PAYMENT/BILLING INFORMATION

Name as it appears on The Credit Card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Credit card Type:  VISA  MasterCard

Expiration Date: \_\_\_\_\_ CSC Number: \_\_\_\_\_  
(This is the last 3 numbers on the back of your card.)

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Postal Code or Zip Code: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

## OFFICE USE SECTION

Card Authorization Number: \_\_\_\_\_ Authorization Date: \_\_\_\_\_



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