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ON L4K 2W4
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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type:

- MasterCard
- VISA
- Discover
- AMEX
- Other _____

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Cardholder Postal Code (from credit card billing address):

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

NOTE: If payment is not made within 7/days after both Invoice and POD has been sent, Capital Express reserves the right to charge the Credit Card. See in terms and conditions for payment methods.