

Credit Card Payment Authorization Form

Circle One Only

Visa

MasterCard

Card Number: _____

Expiry Date: _____

Name on Credit Card: _____

I, _____ authorize M.A.K. Freight Systems (1306243 Ontario Limited) to use my above credit information and keep said authorization on file, in the amount listed below.

Authorized Signature: _____

Authorized Representative: (print name) _____

Date: _____

Please fax the completed form to 905 695 0200

(Below completed by M.A.K. Freight Systems)

Invoice Number: _____

Invoice Amount (Cdn/US) _____

Administration Fee _____

Payment Total (Cdn / US) _____

M.A.K. Freight A/R Representative: _____

M.A.K. Freight Authorization: _____

Visa/MC Confirmation Number _____