



Bay 56, 4216 54ave SE Calgary, AB T2C 2E3 Tel. 403-235-5053 Fax. 403-235-6060

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**MASTERCARD/VISA/AMERICAN EXPRESS  
PAYMENT AUTHORIZATION FORM**

Return to  
Sheena Conor

Fax: 403-235-6060 E-Mail: [Sheenac@shipexpedite.com](mailto:Sheenac@shipexpedite.com)

\*Please note that 1358641 Alberta Ltd may appear as the Vendor on the credit card statement

Date: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

THREE DIGIT SECURITY CODE: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

INVOICE / WAYBILL NUMBER(S): \_\_\_\_\_

CONFIRMATION NUMBER(S) \* \_\_\_\_\_

SIGNATURE \* \_\_\_\_\_

PHONE NUMBER \* \_\_\_\_\_

I authorize 1358641 Alberta Ltd to keep this credit card on file for payment of future invoices

SIGNATURE: \_\_\_\_\_

To receive a copy of your receipt please provide a fax number or e-mail address

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

**\*Required Field**