

Concord Trailer Rental & Leasing Ltd.
CREDIT CARD AUTHORIZATION FORM

BILLING CREDIT CARD INFORMATION:

NAME / COMPANY NAME :	
Person authorizing	
Credit card type	() VISA () MASTERCARD
Issuing Bank	
Credit card number	
Enter CVC number	(last 3 digit on back of card)
Expiration Date	
Billing Address of card	
City	
Province / zip code	
Tel number	
Fax number: Email Address:	

Payment Option:		
Monthly	Bill my credit card once per month for the amount of _____ provided each month for all contract with Concord Trailer Rental and leasing LTD.	Initial : _____
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be terminated immediately Concord Trailer Rental & Leasing discretion if any charges were declined, or payments were missed, or charge backs are claimed against any outstanding invoiced amount. Disputed to amounts invoiced should immediately be reported to Tel: (416) 732-3668.</p> <p>All Changes of the status of this card must be immediately be faxed to: (905-660-2779)</p>		

Name (print name) : _____

Signature: _____

9200 Weston Rd, PO BOX 92112, Vaughan, ON L4H3J3

Tel: 416-732-3668 - Fax: 905-660-2779 - email: info@concordtrailerrental.com