**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting 6S Trinity Transport Ltd. This authorization will remain in effect until it is canceled. All credit card Transactions will be charged a 4% Fee. All Transactions will be in CAD Dollars.

Card Type:

* Master Card
* VISA

Cardholder Name (as shown on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder address & ZIP Code (from credit card billing address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize 6S Trinity Transport Ltd/Long Road Logistics Ltd. 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**