



## Credit Card Authorization

COMPANY NAME

---

PRO NUMBER

---

QUOTE NUMBER

---

### CREDIT CARD INFORMATION

Name as it appears on the Credit Card

FIRST NAME

---

LAST NAME

---

BILLING ADDRESS

---

CITY

---

PROVINCE / STATE

---

POSTAL / ZIP CODE

---

Card Type



CREDIT CARD NUMBER

---

EXPIRY

MM / YY

---

TOTAL AMOUNT DUE

\$

CAD

USD

CVC

---

### CONTACT INFORMATION

PHONE NUMBER

---

EMAIL ADDRESS

---

SIGNATURE

---

DATE

MM / DD / YYYY

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By providing your name in the signature field, you authorize Pacific Coast Express Limited to debit your credit card for the amount indicated above.

**Please return the completed form to:**  
**Email: [accounts\\_receivables@pcx.ca](mailto:accounts_receivables@pcx.ca)**  
**Fax: 604.582.3231**