



**Western  
Logistics**

**CORPORATE OFFICES:**

1555 Brigantine Drive  
Coquitlam, B.C.  
V3K 7C2

PHONE: (604)420-1313  
TOLL FREE: (800)661-6267  
FAX: (604)420-6500

**Please fax this form to (604)420-6500, attn: Customer Service**

**CREDIT CARD BILLING AUTHORIZATION FORM**

Amount:	
Invoice number information:	

Credit Card Billing Information:	
Name(as it appears on card):	
Person Authorizing:	
Credit Card Type:	<input type="checkbox"/> Visa [ ] <input type="checkbox"/> Mastercard [ ]
<b>*Credit Card Number:</b>	
<b>*Card Verification Code:</b>	<i>3 digit code on back of card</i>
<b>*Card Expiry Date:</b>	
Billing Address:	
City:	
Province/State:	
Postal Code/Zip	
Country:	
Phone number:	
Fax Number:	
Email address:	

\* Must be complete in order to process. The undersigned hereby verifies and acknowledges that the charges are valid and that they

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_