

**CORPORATE OFFICES:**

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

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

Please note that **bank e-transfers within Canada are also accepted**, please direct all transactions to ar@westernlogistics.com and complete only section A of this form after submitting your etransfer from your bank

Please email completed form to ar@westernlogistics.com
or fax to (604)420-6500 Attn: Accounts Receivable

Section A:

Amount:	
Invoice number information:	

Section B:**CREDIT CARD BILLING AUTHORIZATION**

☐ Please keep credit card on file ☐ Please do not keep on file - this time only

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

* Must be complete in order to process for credit card payment.

The undersigned hereby verifies and acknowledges that the charges are valid and that they are authorized for the above credit card payment presentation.

Signature:

Date:
