



Please note that **bank e-transfers within Canada are also accepted**, please direct all transactions to [ar@westernlogistics.com](mailto: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](mailto: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

\*Name as it appears on card: \_\_\_\_\_

Person Authorizing: \_\_\_\_\_

Credit Card Type:    Visa            Mastercard

\*Credit Card Number: \_\_\_\_\_

Card Verification Code: \_\_\_\_\_    \*Card Expiry Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_    Province / State: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_    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:** \_\_\_\_\_