



PO Box 153
Cornwall, PE C0A 1H0

Phone: 902-566-1122
Fax: 902-566-3108
Email: info@jackstruckwash.ca
Web: www.jackstruckwash.ca

Credit Card Authorization

Name of Company: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

- One Time Charge – Valued at \$ _____ (plus applicable taxes)
- Recurring Charge – Authorized Maximum Transaction amount before tax: \$ _____

Dates of Authorization: Start Date: _____ End Date: _____

I authorize the following individuals to use this credit card up to the maximum transaction amount above:

Name: _____ Name: _____
 Name: _____ Name: _____

Credit Card Information: Visa Mastercard American Express

Credit Card Number: _____ Expiry Date: ___/___

Verification Code: _____ Name of Cardholder: _____

By signing this form, I authorize Jack's Truck & Car Wash Inc. to invoice the charges indicated above to the credit card listed above.

Cardholder's Signature Date of Authorization

This form must be completed in full and returned along with a legible copy of the front AND back of the credit card by fax or email prior to services being provided.