

Credit Card Payment

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AUTHORIZATION FORM

I hereby authorize **LOAD KING TRANSPORT INC.** to process the charges in the amount of \$ _____ from the following credit card:

Card Type VISA Mastercard

Card Number _____

Expiry Date _____ Security Code _____

Card Holders Name _____

Company Name _____

Email For Receipt _____

Confirm Total _____

List Invoices Paying _____

Please Print Name _____

Authorization Signature _____

