

Credit Card Payment Information Sheet

Please select card type:

Visa

MasterCard

Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Expiry Date: __ / __ (month/year)

Name of Cardholder:

Transaction Amount: \$ _____

Signature: _____

Date: _____

Please fax completed form to 905-338-4036 or e-mail to
admin@lakesidelogistics.com

For office use only:

Authorization # _____

Credit card information is confidential and will be used only for the purposes of processing authorized payments to Lakeside Logistics.