



TRANS-ONTARIO EXPRESS

A DIVISION OF 651093 ONTARIO LTD

CREDIT CARD AUTHORIZATION FORM

Customer Name:		order #:	
Phone Number:		Fax Number:	
Email Address:			
Authorizes Trans-Ontario Express to process the following payment.			
Card Holders Name:			
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card #			
Expiration Date:		Security code	
Total Charges			
Card Holders address			
City			
Postal:		Prov / State	
Signature		Date	
Email to rates@trans-ontario.com or FAX BACK TO 1-888-677-9344			