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DEMANDE DE PAIEMENT CARTE DE CREDIT
CREDIT CARD PAYMENT

VISA
MASTER CARD

Quote No.
Statement No.
Freight Bill No. _____

NO. REFERENCE CLIENT
Client Account No. _____

Nom de la Compagnie:
Company Name: _____

Numero carte de credit:
Credit Card No. _____
Expiration: _____
CVV No. _____

Nom du (titulaire de la carte)
Credit Card Holder's Name _____

Telephone:
Telephone No. _____

Adresse Courriel:
Email Address: _____

Montant/Amount: _____

Signature(titulaire de la Carte)
Signature (Credit Card Holder) _____

I authorize Consolidated Fastfrate Inc. to keep my card number on file for future payments:

Thank-you for using our services

