



CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize Atlantic Ex-Work Inc. to make a one-time charge to your Credit Card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credit to your account.

I _____ authorize Atlantic Ex-Work Inc. to charge my Credit Card indicated below for CAD _____ on _____

This payment is in reference to:

Billing Details

Billing Address: _____ Phone#: _____

Credit Card Information

VISA MasterCard

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date (MM/YY) _____ / _____

Security Code (CVV): _____

Individual's Signature: _____ Date: _____

Please return this form via email to finance@atlanticexworks.com