Dear valued customers,

The following are accepted methods of payment by Atlantic Ex-Works Inc., please review carefully, as our CAD banking information has changed.

1. Electronic Funds Transfer (EFT) & Wire Transfer

Detailed information attached – CAD and USD accounts.

2. E-Transfer

E-Transfer can be sent to jessica@atlanticexworks.com please use **Freight** as password or email the password to the same email address.

Please list the purpose of the payment in the message section, if you are paying invoices list the invoice number(s).

3. Credit Card payment – Visa and MasterCard only

Please fill the credit authorization form (included on the last page of this document) and email to our finance department at finance@atlanticexworks.com

All remittances receipt must be sent to finance@atlanticexworks.com

Kind regards,

Nola Sam

Nola Sam
Accountant

Please accept the following incoming EFT & Wire transfer instructions for Atlantic Ex-Works Inc.

Swift Code: TDOMCATTTOR

Beneficiary Bank:	**TD Canada Trust**
Beneficiary address:	**44 Chipman Hill** **Saint John, New Brunswick** **E2L 2A9, Canada** **Ph (506) 634-1870** **Fx (506) 634-5233**
Beneficiary Name:	**Atlantic Ex-Works Inc.** **1959-1301 Upper Water Str.** **Halifax, Nova Scotia** **B3J 3N2, Canada**
Account no. (CAD Funds):	**0004 52404 5236836**
Account no. (USD Funds):	**0004 52404 7302035**

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 _____ (date).

This payment is in reference to: _____

_____

Billing Details

Billing Address: _____ Phone#: _____

City, Province, Postal Code: _____ Email: _____

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