



Credit Card Authorization Form

Forward to:

Fax # (905)-855-1375

Or

E-mail: info@traderscb.com

I authorize **Traders Customs Brokerage Ltd.** to charge the following shipment(s) to my Credit card number listed below:

Card Holder Name: _____

Signature: _____

Company: _____

Card Holder Address: _____

Phone # _____ Fax # _____ E-mail _____

Card # _____

VISA _____ Mastercard _____ American Express _____

Expiry Date: (MM/YY) ____/____

Shipment Information:

Shipper: _____

Carrier: _____

Pieces: _____ Weight: _____

Disclaimer: The importer understands that all charges related to this shipment will be charged by **Traders Customs Brokerage Ltd.** to the above credit card, agreed to by the signature above. Any delays or additional charges resulting from the credit card being denied, will not be the responsibility of **Traders Customs Brokerage Ltd.**

Traders Customs Brokerage Ltd. will notify the cardholder to obtain an alternate method for payment. Release of the shipment(s) will occur once approved credit has been received.

Internal Use Only:

Processed By: _____ Authorization # _____

