



Credit Card Authorization - Snowbirds

Customer Name

Card Type

Mastercard	Visa	Amex	Other
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Credit Card Information

Card Holder Name		
Card Number		
Expiration Date	CVV (3/4 digits on back of card)	Postal Code

Billing Address

Address	
Address	
City, Province	Postal Code

GST No. (If the vehicle is registered under the business)

Amount Authorized

Email Address

<input type="text"/>	<input type="text"/>
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* Credit Card will have 3% fee

Please complete all fields. You may cancel this authorization at any time by contacting us at accounting@professionalcarcarriers.com or call 1888-755-6888

I _____ hereby authorize **Professional Car Carriers** to charge my vehicle transportation fee to my credit card.

Cardholder Signature

Date

How did you hear about us?

We are keen to acknowledge our business partners and customers who may have referred you to us. Please take the time to let us know how you heard about us.

Check any boxes that apply:

- Social Media
- Referral from one of our current/previous customers, if yes who? _____*
- Referral from another business, if yes, which company?*

- Other – Please provide details _____*