

TRUCKTAX PAY BY CREDIT CARD AUTHORIZATION FORM

COMPLETE, SIGN AND FAX TO TRUCKTAX, AT: (866)-323-8250

THIS IS A FILLABLE FORM, SO YOU CAN SAVE A COPY TO YOUR COMPUTER AND FILL-IN THE REQUIRED INFORMATION ON YOUR COMPUTER

INDICATE THE TYPE OF SERVICE YOU ARE PAYING FOR BY CREDIT CARD: (CHECK THE SERVICE TYPE BELOW)

- BOOKKEEPING:** PAYMENT AMOUNT: \$_____ FOR THE MONTH(S) OF: _____ TO _____
- ANNUAL BOOKKEEPING:** PAYMENT AMOUNT: \$_____ FOR THE BUS YEAR: _____ TO _____
- YEAR-END BOOKKEEPING AND TAX:** PAYMENT AMOUNT: \$_____ FOR BUS YEAR(S): _____ TO _____
- BACK WORK BOOKKEEPING, FOR BUS YEAR(S)** _____ TO _____ PAY/AMOUNT: \$_____
- SPREADSHEET SOFTWARE BOOKKEEPING SERVICE AND SUPPORT:** FEE /PAY AMOUNT: \$_____
- IFTA-FUELTAX SERVICE:** PAYMENT AMOUNT: \$_____ FOR IFTA _____- QUARTER
- SEMINAR AND/OR OTHER SERVICES:** _____ PAY AMOUNT: \$_____

PAYMENT INFORMATION

VISA— MASTER CARD ONLY

CARD HOLDER NAME:~ _____ BUSINESS NAME: _____

BILLING ADDRESS: _____

BILLING CITY: _____ PROVINCE/STATE _____ POSTAL/ZIP CODE: _____

COUNTRY: _____ BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CARD NUMBER:

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CREDIT CARD TYPE: VISA MASTER CARD EXPIRY DATE: _____

CSC NUMBER: _____ THIS IS THE LAST 3-DIGIT NUMBER ON THE BACK OF THE CREDIT CARD

CARD HOLDER SIGNATURE: _____ DATE: _____

Ph: (905) 477-7773 Fax: (888) 456-6504
www.trucktax.ca

SALES AGENT: Name: _____
Contact Phone: _____