TITANIUM Transportation Group Inc.

Titanium Logistics Inc. *Titanium Trucking Services Inc.*

FOR INTERNAL USE ONLY

COMPANY ID: _____ **COD:** _____ **TLI:** _____ **TTSI:** _____

Credit Card Payment Authorization

Name of business: _____

Business address: _____

_____

Business phone: _____ Email: _____

****WE DO NOT ACCEPT AMEX****

Invoice #	Del. Date	Ship. Orig	Del. Orig	Amount
			TAX	
			SUBTOTAL	
			2 % ADMINISTRATION FEE	
			Total:	

Staple slip here

☐ Visa ☐ MasterCard

Card # _____ ---------- _____

Expiry_____3 Digit Security Code _____

Name on card:_____

☐ Blanket Payment Authorization

By signing below I authorize that all invoices due on the last business day of the month can be charged to the credit card indicated above and will be subject to 2% administration fee.

☐ Payment Authorization

By signing below I authorize that the above noted invoice(s) can be charged to the credit card indicated above and will be subject to 2% administration fee.

☐ Pre - Payment Authorization

By signing below I authorize that pre-payment of the above noted invoice(s) can be charged to the credit card indicated above and will be subject to 2% administration fee

I herein authorize the above total amount to be charged to the credit card account noted above.

Signature:_____

Print name clearly: _____

Date: _____