



Credit Card Authorization Form

Owner Name: _____ Phone: _____

Company Name: _____ Fax: _____

Billing Address: _____ City: _____

Province: _____ Postal Code: _____

TransCold Customer Account Number: _____

Authorization

I, the cardholder, hereby authorize TransCold Distribution Ltd., to charge my credit card, described below, for all future orders I specifically make, and in settlement of all invoices and other charges to above-referenced account.

I, the cardholder, acknowledge that my account will automatically be placed on hold if the transaction is declined. TransCold Distribution Ltd will notify me of the decline within twenty-four hours. Once notified, if the second attempt also declines, my account will be placed on CASH ONLY terms until further notice.

By this credit card document, I acknowledge that I have read and understood TransCold's sales terms and conditions, and hereby give TransCold my complete permission to pay in full all charges for goods and services I will receive. I further agree to notify TransCold of any change in the status of my credit card.

This Authorization may be cancelled at any time upon written notice by me or TransCold, 10 days prior to the effective date of the revocation. I understand that my personal information contained on this Authorization may be made available only to TransCold's employees, financial institution, their representatives and agents, who will require it in the course of performing their duties and mandates.

Card Information

Type: Visa MasterCard

Cardholder Name: _____

Card Number:

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Valid Thru: Month: _____ Year: _____

CVV#: _____
(3 numbers on back)

Email Address for Receipt: _____

Cardholder Signature: _____ Date: _____

Please send completed form to ar-canada@transcold.com