

Internal use only

Date Deposited
into Bank

(mm/dd/yyyy)

(mm/dd/yyyy)
Date payment
applied on
Account

VISA or MASTERCARD PAYMENTS

Stephen Frederick Logistics
P.O. Box 28120 N Park Plaza PO
Brantford, Ontario N3R 7X5

PH: 519-759-6042 ext 202 Fax: 519-759-8742

email: accounting@sfl2000.com

Pre-Authorized Credit Card Transactions

Visa

MasterCard

Card Number

Expiry Date

I authorize Stephen Frederick Logistics to use my credit card to process all payment for my Transportation Account

Name as printed on the card _____

Signature _____

Customer name as printed on the SFL invoice: _____

SFL Invoice# _____

SFL Invoice# _____

Total Amount of Invoices \$ _____

SFL Invoice# _____

SFL Invoice# _____

Add 4% Admin Fee \$ _____

SFL Invoice# _____

SFL Invoice# _____

Total Authorized Payment \$ _____

US\$

CND\$