TRUCKTAX®

Managing the business side of trucking for truckers and fleet owners.

PAY BY CREDIT CARD AUTHORIZATION FORM

PRINT, COMPLETE, SIGN AND FAX TO 866-323-8250

BUSINESS OR OWNER OPERATOR NAME _____

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

☐ **BOOKKEEPING:** **PAYMENT AMOUNT: $**_____ **FOR THE MONTH(S) OF:** _____

☐ **ANNUAL BOOKKEEPING:** **PAYMENT AMOUNT: $**_____ **FOR THE BUS YEAR:** _____ **TO**_____

☐ **YEAR-END BOOKKEEPING AND TAX:** **PAYMENT AMOUNT: $**_____

FOR BUS YEAR(S): _____ **TO**_____

☐ **IFTA-FUELTAX SERVICE** **PAYMENT AMOUNT: $**_____ **FOR IFTA**_____ **QUARTER**

☐ **OTHER SERVICE(S):** **PAYMENT AMOUNT: $**_____ **FOR:** _____

PAYMENT INFORMATION

VISA—MASTER CARD ONLY

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

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

COUNTRY: _____ CELL PHONE: _____

CREDIT CARD NUMBER: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

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: _____

THIS FOR IS A FILLABLE FORM THAT YOU CAN SAVE ON YOUR COMPUTER, FILL-IN YOUR INFO, PRINT AND FILL-IN YOUR CARD NUMBER AND FAX TO US

Phone: (905) 477-7773
Fax: (866) 323-8250
www.trucktax.ca

4261-A14 HWY #7 EAST SUITE # 885
MARKHAM, ON L3R 9W6 CANADA
Toll Free: (888) 456-6504