



GILL COURIER LTD

9648 41 Ave NW, Edmonton AB, T6E 5L6

Phone: 780-277-9000

Email: Accounting@gillcourier.ca

www.gillcourier.ca

Credit Card Authorization Form

Legal Name of Business: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Accounts Payables Phone Number: _____

Account Email: _____

Name on Card: _____

Card Number: _____

Expiry Date: _____ CVV/ Security Code: _____

I _____ authorize GILL Courier LTD. To use my Credit Card

for the invoices due over 30 days of billing date.

An additional 3% Credit Card fees will apply to the amount charged. All invoices due over 30 days will be charged additional 5% interest fees.

By signing this form I agreed to the Terms & Conditions above.

Customer Signature: _____ Date: _____