## **Numode Transport Ltd.**

Unit 18A – 8980 Fraserwood Ct

Burnaby, V5J 5H7 Phone: 778-877-2017 Email: ap@numode.ca

## Pre-Authorized Credit Card Payment Form Please complete all fields

Company name	e:		
Mailing address	s:		
Card type:	Visa □	MasterCard □	AMEX □
Cardholders na	ime:		
Cardholders ac	Idress:		
Card Number:			
Card Expiry Da	te:		
Card Verification	on Digits:		
Phone number	:		
Email address:			
Authorization:			
I hereby authorize N	lumode Transport Ltd. (DI	BA Numode Delivery Solutions) to ch	narge the credit card listed above 15
days after the invoic	e date. This authority is to	remain in effect until Numode Trans	sport Ltd. receives a written
notification of its cha	ange or termination. This r	notification must be received at least	15 days prior to the next scheduled
payment date. Num	ode Transport Ltd. may no	ot assign this authorization, whether	directly or indirectly, by operation of
law, change of contr	ol or otherwise, without a	t least 10 days prior written notice.	
Cardholder Sig	nature:		
Date <sup>.</sup>			