



CREDIT CARD AUTHORIZATION FORM

| CARDHOLDER INFORMATION | | | | | |
|------------------------|--|----------|--|-------------|--|
| Full Name: | | | | | |
| Billing Address: | | | | | |
| City: | | Province | | Postal Code | |
| Phone: | | Email: | | | |

| CREDIT CARD DETAILS | | | | | | | |
|---------------------|--|------|--|-----------------|--|-------|--|
| MasterCard | | Visa | | AMEX | | Other | |
| Card Number | | | | Expiry (MM/YY): | | CVV: | |

| AUTHORIZATION TYPE | | | |
|--------------------|--|-------------------------|--|
| One-Time Payment | | Recurring Authorization | |

| PAYMENT DETAILS | | | | | | | |
|-----------------|--|-----------|-----|--|-----|--|----------------------|
| Amount: | | Currency: | CAD | | USD | | Invoice / Reference: |
| Description: | | | | | | | |

CARDHOLDER IDENTIFICATION

Attach copy of ID (Driver's License / Passport) ID Attached: Yes No

SIGNATURE

Cardholder Signature: _____ Date: _____

Authorization Instructions:

Please print this form, complete all required fields accurately, and sign where indicated.

Once completed, kindly return the signed form along with a copy of a valid government-issued ID to: billing@amshippingsolution.com

Failure to provide complete and accurate information may result in processing delays.