



4460 Joseph-Dubreuil, Lachine, QC H8T 3C4

T. 888 421 9292 514 636 3223

F. 514 636 3225

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Province / State: \_\_\_\_\_ Postal Code / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

**CREDIT CARD PAYMENT**

Credit Card:  VISA  Master Card

Card Number: \_\_\_\_\_

Expiry Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Card Holder's Name *(please print)*: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date *(Y-M-D)*: \_\_\_\_\_

Send your payment by fax to **(514) 335-1364** or email to **accounting@transportqtrans.com**