



1770 Britannia Road East
Mississauga, ON, L4W1J3

Tel: (905) 565-8406

Fax: (905) 565-8414

PRE-AUTHORIZATION FORM

Company Legal Name: _____

Operating Name: _____

Mailing Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: () _____ Fax: () _____ E-mail: _____

GST# _____ PST# _____ (Please attach copy of form)

OWNERS OR OFFICERS

Name: _____

Name: _____

Position: _____

Position: _____

Home Address: _____

Home Address: _____

Telephone: _____

Telephone: _____

The undersigned Client/Cardholder hereby authorizes, The Tire Terminal to obtain payment for orders placed. The payment shall be processed prior to delivery or pick up of products ordered.

CREDIT CARD INFORMATION

Name on Credit Card: _____

Credit Card Number# _____

CVV# _____ Expiration Date: _____

HOW DID YOU COME TO KNOW ABOUT US? _____

TERMS AND CONDITIONS OF SALE

(1) Returns are subject to a restocking fee as determined by The Tire Terminal. (2) terms of this authorized payment shall be valid until written notice is given.

Applicant understands and acknowledges, by their signature, the authorization of periodic credit information enquiries and exchange of trade information by The Tire Terminal.

Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____