



**Credit Card Payment Authorization Form**

Sign and complete this form to authorize Urban Valley Transport Ltd. to make pre-authorized debits to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount due indicated on the weekly invoice.

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**Please complete the information below:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Business Name \_\_\_\_\_ Receipt Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV _____
Postal Code _____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services provided by Urban Valley Transport Ltd. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.