

Delivery Tech Inc.
P.O Box 69035, RPO Skyview
Edmonton, Alberta, Canada, T6V 1G7
Phone 780-718-7708, Fax 780-406-6873

PRE-AUTHORIZED CREDIT CARD (SINGLE TRANSACTION)

Business Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Credit Card Name on Card: _____

Card Number: _____

Expiry Date: _____ CCV: _____
(MM/YY)

Telephone: _____

Single Transaction Amount (inc. GST): _____ GST Excluded
 GST Exempt

Credit Information

Accounts Payable Contact: _____

Credit Terms: Accounts will be processed as per monthly invoices

I certify that the information given above is correct, and authorize Delivery Tech Inc. to process _
transaction on the above mentioned credit card for services rendered.

Signature _____

Title _____

Office Use Only:

Transaction Status: Pre -Approved / Approved / Failed

Reference #: _____ Phoned In

Process Date: _____