



FORT MCKAY LOGISTICS LP

CREDIT CARD AUTHORIZATION FORM

Date of Request: _____

Business Information:

Business Name:	_____	
Contact Name:	_____	
Phone Number:	_____	
Send Receipt By (choose one):	<input type="checkbox"/> Email	Email Address: _____
	<input type="checkbox"/> Fax	Fax #: _____
	<input type="checkbox"/> Not Required	

Card Information:

Type of Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card Number:	_____	
Name of Card Holder:	_____	
Expiry Date (MM/YY)	_____	
Total Amount (\$):	_____	

Approved By (please print): _____

Approval Signature: _____ Date: _____

By signing above I consent Fort McKay Logistics LP, a division of Fort McKay Group of Companies, to charge the agreed amount listed to my credit card provided herein.

Please return completed and signed Credit Card Authorization Form by email to accountsreceivable@fortmckaygroup.com or by fax to (780) 788-3151 Attention: Accounts Receivable