

SCHEDULE " B "

"CREDIT CARD NOT PRESENT" AUTHORIZATION FORM

Date: _____

I, _____, hereby authorize **TEAM** Truck Centres to charge my credit card
(please print)

as per the information below:

Cardholder (as it appears on card) _____

Card Number _____ Expiry Date _____

3 or 4 digit Security Code _____

Billing Address: _____

P.O. REQUIRED yes or no - (please circle)

(name of cardholder, please print)

(signature of cardholder)

AVS confirmed _____
 Employee's Initial (please print)
PPOG # 0-09

LONDON
795 Wilton Grove Road
London, ON N6N 1N7
Tel 519.681.6868
Watts 1.888.832.6111
Fax 519.681.1487 (Service)
Fax 519.681.5618 (Parts)

SARNIA
1453 Confederation St.
Sarnia, ON N7S 5N9
Tel 519.332.2622
Watts 1.888.832.6444
Fax 519.332.8840

CORPORATE OFFICE
1040 Wilton Grove Road
London, ON N6N 1C7
Tel 519.453.2970
Fax 519.453.4044

KITCHENER
599 Wabanaki Drive
Kitchener, ON N2C 2G3
Tel 519.893.4150
Watts 1.888.832.6333
Fax 519.893.2761

WINDSOR
4155 County Rd. #46 (Windsor)
R.R.# 3 Maldstone, ON N0R 1K0
Tel 519.737.6176
Watts 1.888.832.6555
Fax 519.737.1978