

TransCanada Automatic Truck Wash

Phone: 780-874-WASH Fax: 780-874-9275

New Account Set up Form

Date	_____	Division of	_____
Company (Billing Name)	_____	Accounting Contact	_____
Address	_____	Phone	_____
City	_____	Fax	_____
Province	_____	Email	_____
Postal Code	_____		
Telephone:	_____		
Cellular:	_____		
Fax:	_____		
Email:	_____		

Please Select Account

Type: Charge Creditcard

Information Required on Invoices (Please include all information you require on each invoice)

Customer Signature

Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.

All information entered on this form will be kept strictly confidential.

Credit Card Typ	Visa MC AM EX
Credit Card Number	_____
Expiry Date	_____
Name on Card	_____
I authorize TransCanada Automatic Truck Wash to charge my credit card	
Signature	Date