ADD PAYMENT METHOD

Greeneye e-Manifest

*CBSA CODE:

*SCAC:

NAME ON CARD:

CREDIT CARD #:

○VISA
○MASTERCARD

EXPIRATION DATE: / (M M Y Y)

TELEPHONE #: – –

ADDRESS:

CITY:

PROVINCE/STATE POSTAL CODE:

I hereby authorize Greeneye e-Manifest to charge my credit card for provided services on a periodic basis. You may cancel automatic payment authorization at any time by contacting Greeneye in writing, by phone, or by fax.

CARDHOLDER SIGNATURE: _____

CARDHOLDER NAME (PRINTED) _____

TODAY'S DATE: / / (M M D D Y Y Y Y)

Fax to:701.499.7404

* = All fields required