



Please complete, print, sign and return completed forms to accounting@nalsi.com

Quote ID# _____

FB# _____

Date: _____

METHOD OF PAYMENT INFORMATION

Terms of Payment and Security Deposit (Must be completed).
Invoices are processed electronically and transmitted to address provided below:

| | | | | |
|---------------|---------------|-------------|---------------|----------|
| Send Bill To: | Company Name: | Address: | | |
| | Address: | Email: | City: | |
| | Prov./State: | Postal/Zip: | Contact Name: | Phone #: |

Invoices are processed electronically and transmitted to email provided.

| | | | |
|------------------------------------|--|--|---|
| Charge to: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| Cardholder Name: | Card Account #: | Expiry Date: | CVC #: |
| Cardholder's Signature: | Email: | I hereby authorize the use of this credit card for payment of services related to this order form. | |
| <input type="checkbox"/> OPTION #1 | Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card. | | |
| <input type="checkbox"/> OPTION #2 | Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5%administration fee will be added to invoices paid by credit card. | | |

Credit card payments on invoices billed in US dollars are processed using the Canadian dollar rate stated on the invoice. Billing errors must be reported within 20 days of invoice date. Terms are net 15 days from invoice date. Interest is payable at the rate of 2% per month, 30 days after invoice date. NSF cheques are subject to an administration fee of \$50.00. Accounts placed to a collection agency are subject to an automatic \$50.00 service charge. Please report any billing inquiries or concerns to accounting@nalsi.com upon receipt of invoice.

By signing above I hereby acknowledge having read and agreed to invoice/payment terms and conditions stated above.

Please complete, print, sign and return completed forms to accounting@nalsi.com

Toronto/Head Office
Tel: 905.951.1612

Montreal/Eastern Region
Tel: 514.868.6650

Calgary/Prairie Region
Tel: 403.851.1152

Vancouver/Western Region
Tel: 778.328.2841