



Central Distribution Centre
11440 – 163rd Street
Edmonton, Alberta T5M 3T3
TEL (780) 454-2682 FAX (780) 454-1875
info@northernindustrialsales.ca
www.northernindustrialsales.ca

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Customer Account Number: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: (last 3 digits located on the back of the credit card): _____

I authorize _____ charge my credit card the balance due at the **end of every month.** I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to the above address