



Credit Card Authorization

Company Name:

Account Number:

Card Type: Visa MasterCard American Express

Card Holder's Name:

Card Holder's Address:

City: **State:**

Zip Code:

Phone: () - **Fax:** () -

E-mail Address:

Card Number: **Expiration date:**

CVV Code (on back of card):

Terms of Use (please select one):

Use for All Business Purposes.

(I authorize NA Trading and Technology to use this credit card for all business purposes authorized by our employees until further notice. I understand that NA Trading and Technology will keep this information on file in a secure location to charge purchases made to our account.)

One Time Transaction.

(I authorize NA Trading and Technology to use this credit card for a one time transaction. Please destroy this information upon completion of the transaction.)

Submission Status (please select one):

Replacement Card (This information replaces previous information that has been supplied by my company.)

Additional Card (This information is in addition to the previous submissions for my company. Purchase orders will reflect which credit card should be used for individual transactions.)

Special Instructions:

I, the undersigned certify that I am the named cardholder and am authorized to make payment transactions using the credit card information above.

Authorized Signature

Date

Printed Name Title

****Please fax this form to: (952) 888-6097****