

Accounting Department: <u>accounting@natrading.com</u>	(952) 698-3144	(800) 231-8434 ext.131	Fax (952) 888-6097
--	----------------	------------------------	--------------------

Credit Card Authorization

Customer ID:		Click or tap here to enter customer / account #.				
Company Name	ompany Name: Click or tap here to enter Company Name.					
Card Type: 🛛	Visa 🛛	MasterCard	🗆 American Express 🔲 Discover			
Card Holder:						
Name	Click or tap here to enter cardholder name.					
Address	Click or	Click or tap here to enter street or PO box				
City, State Zip	Click or tap here to enter City, State and zip code.					
Phone: Click or tap here to enter phone #.		enter phone #.	Email: Click or tap here to enter email.			
Card Number:	enter cred	it card #.	Expiration Date: enter expiration date.			
CVV Code: ent	er 3 or 4 dig	it security code.				

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 supplied by my company.

Additional Card This information is in addition to the previous submissions for my company. Purchase orders will reflect if this credit card should be used for a specific transaction.

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.

	Printed Name	Title	Date
Authorized Signature	Printed Name	Title	Date

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