



9216 Grand Ave S Bloomington, MN 55420

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

Credit Card Authorization

Customer ID: _____

Company Name: _____

Card Type: Visa MasterCard American Express Discover

Card Holder:

Name as it Appears on the Card _____

Billing Address _____

City, State and Zip Code _____

Phone: _____

Email (optional): _____

Card #: _____

Expiration Date: _____

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.

Authorized Signature

Printed Name

Title

Date

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