CREDIT CARD TRANSACTION REQUEST FORM

NOTE: The information provided with this form is kept strictly confidential by North Atlantic, Inc. and may be required for any future payment by this method, at the discretion of North Atlantic, Inc. Any data submitted with these requests may be verified or investigated, at the discretion of North Atlantic, Inc. This form further authorizes North Atlantic, Inc. to accept a facsimile signature in lieu of the original in order to process this transaction. **Original must be mailed to be kept on file**. Finally, the name and address requested below must be the name on the card and the billing address of the CARD, NOT any company or other personal address. Initials and signatures where requested are required to process this request. I have read and agree with the above conditions. Initials _____

CARD INFORMATION

PLEASE RETURN A COPY OF DRIVER'S LICENSE AND BOTH SIDES OF THE CARD WITH REQUEST

Circle One: VISA | MasterCard | American Express | DISCOVER

Expiration Date ☐☐☐☐

Date _____

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CID# ☐☐☐ (A 3-digit ID number on the back of the card, usually following the acct #)

Name as it appears on the card _____

Card Billing Address _____

_____

Phone Number _____ _____

Authorized Signature

ACCT SALES CUSTOMER

ORDER INFORMATION

Cust # _____ Subtotal _____

Order # _____ Ship/Handl _____

Shipping date _____ Total _____

Salesperson _____ Slsprsn # ____ Date _____ Time _____

ATTACH A COPY OF THE COMPLETED ORDER TO THE REQUEST

AUTHORIZATION

Approved _____ Declined _____

Processed by _____ Date _____ Time _____

Invoice # _____ Ship date _____