

## CREDIT CARD AUTHORIZATION

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Customer Code: \_\_\_\_\_

I authorize True North Distributors in Sarnia, ON to use my credit card for payment of an invoice. I am aware that this information will be kept on file.

\_\_\_\_\_  
NAME Title Date

Credit card Number: \_\_\_\_\_

ex: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Please use for (please sign beside choice):

(a) All orders placed \_\_\_\_\_

(b) Only 1 invoice in the amount of : \_\_\_\_\_

\_\_\_\_\_  
Invoice #

(c) All invoices owing \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**