



www.norpine.ca

La Crete

Ph: 780 928 3912, Fax 780 928 3760

High Level

Ph: 780 926 4494, Fax 780 926 4580

PRE-AUTHORIZED CREDIT CARD PAYMENT AGREEMENT

I hereby authorize Norpine Auto Supply (96) Ltd to keep my signature on file. I understand that this authorization is to charge my credit account for each month end statement balance of any outstanding amount of our account with Norpine Auto Supply (96) Ltd. The transaction will be made on the first business day of the month following statement date. This authorization will remain in force until Norpine Auto Supply (96) Ltd has received written notification from me of its termination in such time and in such manner as to afford Norpine Auto Supply (96) Ltd a reasonable opportunity to act on it.

Credit Card Type: VISA MasterCard

Credit Card #: _____

Exp. Date: ____ / ____ Card Identification Number _____



Cardholder's Name (as it appears on the card): _____

Credit Card Billing Address (the address that the credit card statement is mailed to):

Address Line 1: _____

Address Line 2: _____

City, State Zip, Country: _____

Card Holder Signature: _____

Today's Date: _____

Return completed form to:

Norpine Auto Supply (96) Ltd - AR Department
email: ar@norpine.ab.ca
Fax: 1 (780) 928-3760