



## Credit Card Authorization for Payment

Northland Services, Inc.  
PO Box 24527  
Seattle, WA 98124

Toll Free: (800) 426-3113  
Phone: (206) 763-3000  
Fax: (206) 264-0347

Customer Name: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Account No. \_\_\_\_\_

Apply to Northland Pro. Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----  
Amount to be Applied to the Above Referenced Account: \$ \_\_\_\_\_

Type of Credit Card:       VISA                       MASTERCARD

Credit Card Number: \_\_\_\_\_

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

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

I hereby authorize Northland Services, Inc. to charge the above referenced Credit Card for the amount noted. To be applied to the referenced Pro. Number (i.e., Freight Bill/Invoice).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date