



Inuvik Gas Ltd.  
P.O. Box 2298  
Inuvik, NT  
X0E 0T0  
(867) 777-3422  
FAX 777-3339

## **Credit Card Payment Authorization**

Date of Application: \_\_\_\_\_

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

Credit Account Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_

Type of card:                      Visa ( )    Master Card ( )    Amex ( )

### **PAYMENT FOR THE FOLLOWING GAS ACCOUNT(S)**

Service Address: \_\_\_\_\_ Account Number: \_\_\_\_\_ Cycle: \_\_\_\_\_

Service Address: \_\_\_\_\_ Account Number: \_\_\_\_\_ Cycle: \_\_\_\_\_

Service Address: \_\_\_\_\_ Account Number: \_\_\_\_\_ Cycle: \_\_\_\_\_

Service Address: \_\_\_\_\_ Account Number: \_\_\_\_\_ Cycle: \_\_\_\_\_

### **Please choose from the following options what you would like your credit card processed for:**

- ☐ Full Deposit (A onetime payment)
- ☐ ½ of the Deposit to open account, and other ½ on the first bill's due date.
- ☐ Automatic Monthly Bill Payments (Within two business days of the bill print date)
- ☐ Phone in Payments (Your card will only be processed upon request by phone or email)

**Cardholder's Signature:** \_\_\_\_\_

**Cardholder's Phone Number:** \_\_\_\_\_

This authorizes Inuvik Gas Ltd. to debit my credit card based on the information provided above. It is my responsibility to advise Inuvik Gas Ltd., in writing, to cancel this service.

NOTE: IF AUTHORIZATION IS NOT APPROVED BY YOUR CARD CENTER, WE CANNOT CREDIT YOUR ACCOUNT. IF YOUR ACCOUNT(S) CANNOT BE ADJUSTED, INUVIK GAS WILL ATTEMPT TO ADVISE YOU BY EMAIL, PHONE OR LETTER. YOU AGREE TO MAKE ALTERNATE ARRANGEMENTS FOR PAYMENT BEFORE THE DUE DATE.

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

\_\_\_\_\_  
Signature of IGL Representative