

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: _____

- Visa
- Master Card
- Amex

Phone in only

PAYMENT FOR THE FOLLOWING NATURAL GAS ACCOUNT(S)

Service Address: _____ Account Number: _____ Cycle: _____

Service Address: _____ Account Number: _____ Cycle: _____

Service Address: _____ Account Number: _____ Cycle: _____

Service Address: _____ Account Number: _____ Cycle: _____

Cardholder's Signature: _____

Cardholder's Phone Number: _____

This authorizes Inuvik Gas Ltd. to debit my credit card on a monthly basis for any unpaid charges on the above listed account(s). I understand that payment will be processed on or around the date of bill issue. 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 PHONE OR LETTER. YOU AGREE TO MAKE ALTERNATE ARRANGEMENTS FOR IMMEDIATE ACCOUNT PAYMENT.

Date Received: _____

Initial: _____

Signature of Company Representative