



**TOWN OF INUVIK**

**TOWN OF INUVIK  
THIRD PARTY PAY AGREEMENT FOR CREDIT CARD PAYMENTS  
MIDNIGHT SUN COMPLEX FACILITIES**

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

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

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**CREDIT CARD INFORMATION:**

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

Type of Card: \_\_\_\_\_

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

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

I hereby authorize the Town of Inuvik to debit the above credit card for payment of Midnight Sun Complex facility/equipment use.

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

\_\_\_\_\_  
*Print Name and Rank*