**Credit Card Authorization Form**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

|  |  |
| --- | --- |
| Cardholder Name:  |       |
|  |  |
| Billing Address: |       |
|  |  |  |       |
|  |  |  |       |
|  |
| Credit Card Type: | [ ] Visa | [ ] Mastercard | [ ] Discover | [ ] American Express |
|  |  |  |  |  |  |  |  |  |
| Credit Card Number: |  |       |
| Expiration Date: |       |  |  |  |  |  |
| Security Code: |       |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Amount to Charge:  | $ |       | USD |  |  |
|  |  |  |  |  |  |  |  |  |  |
| [ ]  I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.  |
|  |
| [ ]  I authorize ***All-Ways Metal, Inc.*** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.  |
|  |  |  |  |  |  |  |  |  |  |
| Cardholder – Please Print, Sign and Date |
|  |  |  |  |  |  |  |  |  |  |
| Print name: |       |
|  |  |  |  |  |  |  |  |  |  |
| Signature: |  |
|  |  |  |  |  |  |  |  |  |  |
| Date: |       |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |