**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: | | |  | | | |  |  |  |  |  |
|  |  | |  | |  |  |  |  |  |  |  |