

VISA/ MASTERCARD AUTHORIZATION FORM
(PLEASE CIRCLE APPROPRIATE CARD)

ATTN: _____ FAX #: _____

DATE: ____

Invoice or Quote #: _____ AMOUNT:\$ _____

COMPANY NAME: _____

CREDIT CARD#: _____

EXPIRATION DATE: ____/____

NAME ON CREDIT CARD: _____

TOTAL DOLLAR AMOUNT OF SALE: _____

BILLING ADDRESS: _____

_____SHIP TO ADDRESS: _____

Courier Company _____ (name) & _____ Account number

CUSTOMER AUTHORIZATION _____ DATE _____

*PLEASE FILL OUT THE FORM AND FAX BACK TO @ (604)-433-4148**IF YOU HAVE ANY QUESTIONS, YOU CAN REACH US @ (604)-433-4243 or info@maxammetal.com.*