

**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) &amp; \_\_\_\_\_ Account number

CUSTOMER AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_

*must be card holders signature***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](mailto:info@maxammetal.com).**