

Zero Porosity Casting

Experience the Difference in Quality

CREDIT CARD AUTHORIZATION

I , hereby authorize Zero Porosity Casting, inc to charge my credit card for the amounts invoiced.

Company Information

Company

Name:

Street:

City:

State: ZIP Country

Telephone: FAX:

E-mail: (a fax number or e-mail is required)

Credit Card Billing Address

Name (on card):

Street:

City:

State: ZIP Country

AMERICAN EXPRESS / DISCOVER / VISA / MasterCard only

Credit Card Number Expiration
DO NOT PUT TODAY'S DATE

SEC Code Type

Cardholder's Signature _____

Date

As the credit card holder, I also authorize Zero Porosity Casting, inc to charge my credit card for future purchases verbally (or written) approved by me. Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. Zero Porosity Casting, inc will keep all information entered on this form strictly confidential.