

A.M.Fabricators/WDI

Distributors of Aluminum Products

7810 Pearson Knoll Place

Potomac, MD 20854

Phone 301-339-8804 Fax 301-339-8841

Credit Card Authorization Form

Company Name: _____ Contact: _____

Date: _____ Phone: _____ Fax: _____

Email: _____

Job Name: _____ Purchase Order No.: _____

Payment Information

Amount Charged: \$ _____ dollars plus tax, if applicable.

Tax rate for ship to location: _____ %

Tax Exempt # _____

(Please provide copy of certificate)

Final balance of \$ _____ is due at time of shipping.

Freight is included in price.

Freight not included will be charged to same credit card at time of shipping.

Circle One: Master Card / Visa / Amex

Credit Card Account Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Name that Appears on Card: _____ Authorized Signature: _____