



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 Resale Certificate # _____

(Please provide copy of the 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

For Security purposes, only provide the last four (4) digits for the credit card being used _____

** You are required to call our office to provide the full credit card number.

Expiration Date: _____ Security Code: _____

Billing Address: _____

Name that Appears on Card: _____ Authorized Signature: _____