

Distributors of Aluminum Products 7810 Pearson Knoll Place Potomac, MD 20854 Phone 301-339-8804 Fax 301-339-8841

Credit Card Authorization Form

*** Please note there is an additional 3% credit card fee per order ***
This fee is non-refundable.

Company Name:		Contact:	Contact:	
Date:	Phone:	Fax:		
Email:				
Job Name:		Purchase Order No.:		
Payment Informatio	n			
Amount Due: \$	dollars plus tax and	service fees, if applicable.		
Tax rate for ship to location	on: %			
Tax Resale Certificate # _				
(Please provide copy of the	ne certificate)			
☐ Final balance of \$	is due at time	of shipping.		
☐ Freight not included wil	I be charged to same credit	card at time of shipping.		
Circle One: Master Card	d / Visa / Amex			
For Security purposes, onl	y provide the last four (4) di	gits for the credit card being used		
Expiration Date:		Security Code:		
Billing Address: Complete billing address is re	equired for credit card transacti	ons		
Name that Annears on Ca	rd·	Authorized Signature:		

^{**} You are required to call our office to provide the full credit card number. (301)339-8804