

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	Security Code:
Cardholder Billing Address:	

I, _____, authorize Industrial Metal Supply Co. to charge my credit card above for agreed upon purchases

Customer Signature

Date