



# CREDIT CARD AUTHORIZATION

64 West 48th Street, Suite 900, New York, NY 10036  
212-391-2962 • 800-352-1472 • Fax: 212-391-9149  
www.qualitycasting.com

### Company Information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Card Information:

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

City, State Zip: \_\_\_\_\_

### Card Information:

Please Select One:

MasterCard

Visa

Discover

American Express

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*This completed form will entitle you to have all your invoices billed directly to your credit card. All credits must be returned within ten days and will be credited to the same card as billed or credited against replacement. All charge card receipts will be forwarded with invoice.*

Authorization Name: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_