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- COLD ROLLED
- HOT ROLLED
- GALVANIZED
- STAINLESS
- COPPER
- ALUMINUM

Visa/Mastercard/American Express

Date: _____

Company Name: _____

Address: _____

In order for Metalmasters, In. to process your charges to your credit card, we need the following authorization signed and faxed back to us for each purchase.

Cardholder's Name: _____

Mailing Address: _____

I hereby authorize Metalmasters to charge the following to my MC/Visa/Amex card:

Account #: _____

Expiration Date: _____

CRV #: _____

(3 digits on the back of the credit card)

Amount: \$ _____

Invoice #: _____ or Ref. # _____

Authorized by: _____

Thank you,

**SHEARING - SLITTING - SAWING - BLANKING - BENDING
CONSISTENT SUPERIOR SERVICE
www.metalmastersny.com**