

# METL Credit Card Payment Authorization Form

*This form is to be treated as confidential when filled out.*

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Name On Credit Card \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name (if different) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

Credit Card Type (circle one)



Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_/\_\_\_\_\_

Invoice or Order Number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle One**

**One Time Only**

**Always**

**Upon Request**

*The authorized cardholder's signature below hereby authorizes Metals Engineering and Testing Laboratories to process payment using the above credit card for the listed invoice(s) and/or order(s), as per your credit card payment terms.*

Authorized Cardholder's Signature \_\_\_\_\_