

Zero Porosity Casting

Experience the Difference in Quality

CREDIT CARD AUTHORIZATION

I,

, hereby authorize Zero Porosity Casting Inc,
to charge my credit card for the amounts invoiced.

Company Information

Company
Name:

Street:

City:

State:

ZIP

Country

Telephone:

FAX:

E-mail:

(a fax number or e-mail is required)

Credit Card Billing Address

Name (on
card):

Street:

City:

State:

ZIP

Country

AMERICAN EXPRESS / DISCOVER / VISA / MasterCard only

Credit Card
Number

Expiration

SEC Code

Type

Cardholder's
Signature

Date

As the credit card holder, I also authorize Zero Porosity Casting, Inc. to charge my credit card for future purchases verbally (or written) approved by me. Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Zero Porosity Casting, Inc will keep all information entered on this form strictly confidential.

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Email us at info@ZPCasting.com or visit www.ZPCasting.com