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 Please specify the EMS location nearest you (check one box below):
 FLORIDA NORTH CAROLINA TEXAS MISSOURI DELAWARE ALABAMA OHIO ARKANSAS

Put your information on file? (please choose one) Yes No

Date: _____

Account Name: _____

Account Number: _____

Security Code: _____ (3-4 digit code usually located on the back of the card)

Card Holder Name (as it appears on the card): _____

Card Number : _____

Card Type : Visa Mastercard American Express

Expiration Date: _____

Card Billing Address: _____

Sales Order/Invoice Number: _____

Total Amount: _____

*** By signing this credit card authorization form you personally and unequivocally guarantee the payment identified herein and waive any right to dispute or charge back this payment now or at a future date. This payment is for an order being placed by _____ (Company name) and you are unconditionally guaranteeing the payment on their behalf.

Card Holder's Signature: _____

Please Print Name: _____