

Eastern Metal Supply

Phone: (561) 209-8720 • Fax: (561) 533-9760

CONFIDENTIAL
Sales Credit Card Form

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

Date: _____ Ship Date: _____ Delivery 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 Number: _____

Picking Ticket Number : _____

Total Amount:: _____

Sales Signature: _____

Note: Please complete this form and return to the Credit Department with the Picking Ticket