



**CREDIT FAX: (561) 533-9760 • EMAIL: credit@easternmetal.com**  
**Please specify the EMS location nearest you (check one box below):**  
 FLORIDA    NORTH CAROLINA    TEXAS    MISSOURI    DELAWARE    GEORGIA    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: \_\_\_\_\_