

## **VISA / MASTERCARD AUTHORIZATION FORM**

FROM:	DATE:
QUOTE #:	AMOUNT: \$
COMPANY NAME:	
CREDIT CARD #:	
NAME ON CREDIT CARD:	
EXPIRATION DATE: /	SECURITY CODE:
CUSTOMER AUTHORIZATION: X	
BILLING ADDRESS:	
SHIP TO ADDRESS:	
SITE CONTACT NAME:	
SITE PHONE NUMBER:	
<u>SHIPPING INFO</u> : PICK UP PREPAY & CHARGE	
COLLECT COURIER:	ACCOUNT #:

PLEASE COMPLETE THE FORM AND PRINT AND SIGN THE AUTHORIZATION - FAX TO (604)-433-4148. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (604)-433-4243 OR EMAIL <u>INFO@MAXAMMETAL.COM</u>.

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