



10401 State Street Tamarac, FL 33321 (954) 724-1400

## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Customer Account Number: \_\_\_\_\_ (Future Metal Use Only)

Name of Sales Associate: \_\_\_\_\_

Order Identification (Purchase Order, Invoice, etc.) \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type:     Visa     Mastercard     AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Identification Number: \_\_\_\_\_

Would you like this Credit Card Information Stored?     Yes     No

Amount of Order: \$ \_\_\_\_\_ (USD)

Email Address to send Credit Card Receipt to: \_\_\_\_\_

I authorize Future Metals, LLC to charge the above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email this form back to [Credit@Futuremetals.com](mailto:Credit@Futuremetals.com) or Fax it to (954) 721-0999