



MTL DISTRIBUTION

CREDIT CARD AUTHORIZATION FORM

Amount: \$ _____ USD Reference: _____

Visa MasterCard American Express Discover

Credit Card Number: _____

Exp. Date: _____ CVC Number: _____

Billing Zip code: _____

Cardholder Name (as it appears on card): _____

I authorize and agree to pay the amount due (shown above).

Authorized Signature: _____ Date: _____

Thank You for Your Business!

Please Fax This Form To: (951) 270-0245

Or

E-mail: Sales@mtldistribution.com