

CREDIT CARD CHARGE AUTHORIZATION FORM

If you would like to make a payment with your credit card, please complete all sections of the form below and return with a copy of the sales order and/or invoice you are paying:

Company Name	Invoice Amount	\$
SO/Inv Number	= Total Charge	\$

PLEASE CLEARLY PRINT THE FOLLOWING INFORMATION

PLEASE CIRCLE CARD TO BE USED:

	WISA MasterCard Cards Cards NUVUS														
Account No.															
Security Code Expiration Do (3-digits for Visa & Mastercard and 4-digits for American Express)												ate			
Cardholder's Signature:															
Name (as it appears on credit card):															
Cardholder's Billing Address:															
	Numb	er & Str	eet	City					State				Zip Code		
Cardholder's Telephone Number:															
Cardholder's e-mail address for confirmation:															

Thank you for your business and payment. Please feel to contact our Accts. Receivable Dept. if you have any questions.

PLEASE RETURN THIS FORM VIA FACSIMILE TO 323.277.0707 OR MAIL TO:

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