



CREDIT CARD AUTHORIZATION FORM

Fax back to: 561-992-5267

Date: _____

_____ of _____ by

(Name as it appears on card)

(Name of Company)

Executing this agreement, authorizing Lake Welding Supplies, Inc. to make charges for ongoing monthly rental, any and all cylinders lost, and any past due invoices to the following credit card:

Credit Card type: MasterCard _____ Visa _____ AmEx _____

Card # _____ CVV2 Code: _____

Exp Date: _____

Cardholder's Billing Address:

(Street Address)

(City)

(State)

(Zip)

(Billing: Area Code & Telephone #)

I hereby certify that the above statements and information are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card number.

(Cardholder Signature)

(Date)