



SINGLE CREDIT CARD AUTHORIZATION

I \_\_\_\_\_, of \_\_\_\_\_,
Authorized Representative Company/Customer

Hereinafter referred to as Buyer, agree to a total charge plus a 2.5% surcharge fee, to the charge card listed below. Buyer agrees that any disputed charge, request a chargeback, or adjustment will first be reported to McElroy Metal, hereinafter referred to as Seller. Seller will have ten (10) business days to resolve the dispute with Buyer. Buyer has thirty (30) days to dispute, or request a chargeback, any credit card charge. Buyer's failure to dispute the charge, or request a chargeback within the allotted time constitutes a waiver of any right to chargeback the payment. Necessary information:

Card Type: [ ] MASTERCARD [ ] VISA [ ] AMERICAN EXPRESS

Exact Name as Printed on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ CCV Number: \_\_\_\_\_

Expiration Date (E.g., 01/07): \_\_\_\_\_ Amount of Charge: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total amount charged to include a 2.5% surcharge, added to total listed above.

I agree to the terms and conditions stated above.

Printed Name Phone Number
Signature Date

\*\*\*\*\*INTERNAL USE ONLY\*\*\*\*\*

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Invoice Number(s): \_\_\_\_\_

Order Number(s): \_\_\_\_\_

Authorization Form Sent By: \_\_\_\_\_

THIS FORM MUST BE COMPLETED IN FULL TO BE ACCEPTED BY THE CREDIT DEPARTMENT

REV 05/13

Table with 6 columns: MANUFACTURING LOCATIONS, ADELANTO, CA, ASHBURN, GA, BOSSIER CITY, LA, CLINTON, IL, HOUSTON, TX, LEWISPORT, KY, MARSHALL, MI, MAUSTON, WI, MERKEL, TX, PEACHTREE CITY, GA, SUNNYVALE, TX, WINCHESTER, VA