**Credit Card Billing Authorization Form**

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| Credit Card Billing Information | | | | | |
| Company Name: | Click or tap here to enter text. | | | | |
| Contact Person or Name on CC | Click or tap here to enter text. | | | | |
| **Instructions: If you are sending this form by email, only include the last 4 digits of your credit card number, and do not enter CVC # number. MTI does this to comply with PCI Compliance for securing CC information. We want to keep your Credit card information safe. MTI will call you for the complete CC information.** | | | | | |
| Credit Card Type: | Click or tap here to enter text. | | | | |
| Credit Card Number: | Click or tap here to enter text. | | | | |
| CVC Number: | Click or tap here to enter text. | | | | |
| Expiration Date: | Click or tap here to enter text. | | | | |
| Billing address: | Click or tap here to enter text. | | | | |
| City: | Click or tap here to enter text. | | | | |
| State: | Click or tap here to enter text. | | | | |
| Zip Code: | Click or tap here to enter text. | | | | |
| Phone Number: | Click or tap here to enter text. | | | | |
| Email Address | Click or tap here to enter text. | | | | |
| **Blanket Authorization:** Please keep my credit card information on file to be used for future payments. Bill my credit card for the amount of service provided for each invoice/order with Metal Treaters Inc. | | | | **Yes** | **No** |
| Please send a copy of the receipt via: | Email | Mail | I don’t need a receipt | | |
| Applicant agrees that all information provided in accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Metal Treaters Inc’s discretion if any charges are declined or changed backs are claimed against any outstanding involved amount. Disputes to amounts involved should be immediately be reported to Accounts Payable at 651-646-1316 or emailing accounting@metaltreaters.com. Changes in status of this card can also be reported at the same. | | | | | |
| **The undersigned is the duly authorized representative of the above company.**  **ELECTRONIC SIGNATURE DISCLAIMER**  This disclaimer is intended to provide you with important information required by the Electronic Signatures in Global and National Commerce Act (E-Sign Act).  **Consent:** By entering your name, you consent to submit your Credit Card Authorization and all related forms, documents,  and information electronically. Your further consenting to conduct any matters related to Credit Card authorizations electronically. Typing your name in the text box for an E-signature below and sending it to Metal Treaters Inc., will constitute your electronic signature.  **Right to Withdraw Your Consent:** You have the right to withdraw your consent to receive disclosures and submit information electronically. If you choose to withdraw your consent, you will need to request a different version of the Credit Card Authorization form and send it to Metal Treaters Inc. by mail. You may withdraw your consent by contacting the company.  **Updating Your Contact Information**: It is your responsibility to update the company regarding any changes to your credit card information, e-mail address or other contact information.  **Technical Requirements:** To use and submit this digital Credit Card Authorization Form, you will need Microsoft Word, and a desktop computer or laptop. If using a mobile device, you will need to download the Microsoft Word app. You will need to have access to the internet to download and submit the application to the company, and access to an e-mail service to send document to the Company by e-mail.  **Applicant E-signature** Typing the name of an authorized credit card signer, will be used as an e-signature outlined in the e-signature disclaimer.  **Date** MM/DD/YYYY | | | | | |