



Starland Rollforming Metals
 PO Box 1720 Drumheller Ab T0J0Y0
 Phone 403-334-1878
 Email starlandrollforming@gmail.com

CREDIT CARD AUTHORIZATION FORM

CARD HOLDER INFORMATION

Name: _____
 Billing Street Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Country: _____ Email: _____
 Direct Telephone: (_____) _____

PAYMENT INFORMATION

Company Name: Starland Rollforming Metals
 I authorize a one-me charge against my credit card for the follow amount \$ _____
 I authorize a recurring charge against my credit card for the following amount
 Balance owing \$ _____ once every _____ day(s)/week(s)/month(s)/year(s)

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card
 Number: _____
 Expiration Month: _____ Expiration Year: _____
 Security Code: _____
 Cardholder Signature X _____ Date ____/____/____

I hereby authorize Starland Rollforming Metals to charge the credit indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing, and I agree to notify Starland Rollforming Metals in writing of any changes in my credit card. I certify that I am an authorized to sign and holder of the credit card reference above. I certify that all information above is complete and accurate.