



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.