



Authorization To Keep Credit Card On File

Sign and complete this form to authorize S & R Fastener Company Inc. to keep your credit card on file for future purchases.

Please complete the information below:

I _____ authorize S & R Fastener Company Inc. to use the credit card information below to pay any invoices for my account. I will be provided a copy of my invoice by mail and either email, fax or both.

(Full Name)

Billing Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

S & R Account # _____ FAX: _____

Account Type: AMERICAN EXPRESS VISA MASTERCARD DISCOVER

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2 (4 digits on AMEX): _____

SIGNATURE: _____ DATE: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please Return Via FAX to S & R Fastener Company Inc. Fax # (866)299-3563