



Account Payment Authorization Form

Today's Date: _____ Acct # _____

Company Name _____

Address _____

Card Type: MasterCard _____ Visa _____

American Express _____ Discover _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Last 3 or 4 digits on back of card _____

I authorize Volunteer Welding Supply, Inc. to charge my **monthly cylinder rent** and **invoices** accrued each month to the credit card account referenced above.

Printed name

Signature

Date

This is a legal and binding document by signing this letter you are agreeing for Volunteer Welding Supply, Inc. to charge your credit card.

Please fax authorization form to 615-242-7836

If you have any questions, please do not hesitate to call 615-256-5658