



Automatic Credit Card Authorization Form

Credit Card Number:

Expiration Date:

Security Code:

*3 digit # on back of Visa, MasterCard, Discover
4 digit # on front of American Express*

Cardholder Name:

Billing Address:

City:

State:

Zip:

Phone Number:

Fax Number:

E-mail Address:

Rentals Only:

Invoices Only:

All Bills:

Agreement: I authorize Airweld, Inc., Atlantic Welding Supply, Co., and or Bronx Welding Supply to charge the amount of my purchase and or the amount of my monthly cylinder rental bill to the above listed credit card number. This authority will be effective until I notify Airweld, Inc., Atlantic Welding Supply, Co., or Bronx Welding Supply to terminate it. I agree that I may be assessed a service charge of \$25.00 if I file a merchant chargeback with my credit card company.

Signature:

Date:

Fax completed form to (631) 694 – 6387. If you have any questions please feel free to contact our Accounts Receivable Department at (631) 694 – 4310.

PLEASE FILL IN THE BELOW MANDATORY INFO

Account #:

Account Name: