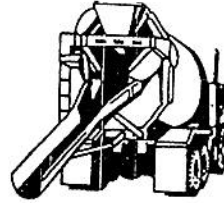


# CASTOR MATERIALS

3025 Castor Avenue, Philadelphia, PA 19134



Phone 215.739.5491

Fax 215.739.5492

## Credit Card Payment Authorization Form

**INSTRUCTIONS:** To pay by Credit Card. Please complete form



### CREDIT CARD HOLDER INFORMATION

**\*\*Must Supply a Copy of Driver's License\*\***

CARD TYPE:  Visa  MaterCard  American Express  Discover

Other: \_\_\_\_\_

1. Name on Card: \*\* \_\_\_\_\_

\*\* Company Name on Card: \_\_\_\_\_

2. Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*\*\*Security Code \_\_\_\_\_ this is the 3 digits on back of card.

### Billing Information

3. Billing Address: \_\_\_\_\_

City/State \_\_\_\_\_

4. Billing Zip Code: \_\_\_\_\_

5. Primary Phone #: \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Male or Female

7. Driver License #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

8. Last 4 digits of Social: \_\_\_\_\_

\*\*\*\*\*  
Card holder agrees to authorize the transaction charged to credit card account to Castor Materials. Any transaction returned/charged back to Castor Materials regarding card holder's credit card, the Credit Card holder will pay all due amounts to Castor Materials without dispute, discount, reduction or set-off and if suit is instituted, card holder agrees to pay in addition to the balance owed a 33% interest, attorney and court fees.

**\*\*Card holder, please be informed; by signing this form you are authorizing our company  
\*\*Castor Materials to charge your account for the product/material/sales for your  
\*\*use/need.**

9. Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other authorized card users: \_\_\_\_\_

\*\*\* Please check the following\*\*\*

Auto Charge  Purchase only (nothing checked it is for one time use only)