

Swedge Lock

Credit Card Authorization Form

I _____ Title: _____

Name of Company: _____

Authorize **SwedgeLock Aluminum** to charge my credit card

AMOUNT \$ _____ USD

CREDIT CARD TYPE: **Visa** **Master Card** **American Express**

CREDIT CARD # _____

CARD CV2 # _____

EXP DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

*Please contact Vickie Allen if you would like us to keep this credit card on file for future use. Note: Credit Card will not be charged without prior authorization.

FAX OR EMAIL TO:
SwedgeLock Aluminum
27 Kershaw Ct
Greenville, SC 29607
F - 864-469-0269
E - Vickie@swedgelock.com