



AMERICAN WIRE GROUP CREDIT CARD AUTHORIZATION

Please Complete and Fax to: **(954) 455-9886**

I hereby authorize AMERICAN WIRE GROUP to charge my order to the following credit card:

CARD NUMBER		EXP. DATE	
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CARD TYPE: *AMEX* *VISA* *MASTERCARD*

NAME	
COMPANY	
STREET ADDRESS1	
STREET ADDRESS2	
CITY, STATE , ZIP	
COUNTRY	
EMAIL ADDRESS (FOR RECEIPT)	
PHONE NUMBER	

CARDHOLDER AUTHORIZED AMOUNT:

SUB-TOTAL \$:	
FREIGHT \$: (IF APPLICABLE)	
TOTAL BILLED TO CARD:	

By signing below and submitting for payment, I acknowledge acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing credit card.

Signature as it appears on cardholder's credit card

DATE

This form must be completed in full and all information must be true and correct in order for your payment to be processed.