



MTI

METAL TREATERS, INC.
 859 NORTH PRIOR AVE.
 ST. PAUL, MN 55104

TOOL & DIE HEAT TREATING
 SALT BATH NITRIDING
 COMPLETE HEAT TREATING SERVICES

Credit Card Billing Authorization Form

Credit Card Billing Information				
Company Name:				
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MaserCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Credit Card Number:				
CVC Number				
(Last 3 digits on the back of the card or the 4 digits on the face of the card)				
Expiration Date:				
Billing Address:				
City:				
State/Province:				
Zip/Postal Code:				
Country:				
Phone Number:				
Fax Number:				
Email Address (Optional):				
Please select one of the Following Payment Options:				
One time Payment:	Bill my credit card for the following amount:		\$ _____	
Please apply this payment to the following invoice/order number(s):				
Blanket Authorization:	Please keep my credit card information on file to be used for future payments. Bill my credit card for the amount of service provided for each invoice/order with Metal Treater's Inc			
Please send a copy of the receipt via:	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> I do not need a receipt
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Metal Treater's Inc discretion if any charges are declined or charged backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to Denise Jennrich, Chris Kerr, or Ruth Reimer at 651-646-1316 or by emailing djennrich@metaltreaters.com .				
Changes in status of this card can also be reported to the above individuals or emailed to the above email address.				

The undersigned is the duly authorized representative of the above company.

Signature: _____ **Date:** _____