



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information				
Card Type:	MasterCard	VISA	Discover	AMEX
	Other _____			
Card Number:	_____			
Expiration Date (mm/yy):	_____			
CVV Code:	_____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

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