Adwar Casting Co., Ltd.

120 South Long Beach Road, Rockville Centre, NY 11570
PHONE (516) 678-7755 * FAX (516) 678-7756 * ORDERS ONLY (800) 255-7755

Company Credit Card Payment Agreement

CUSTOMER ACCT# _____

COMPANY NAME _____

ADDRESS _____

_____

(*Circle one*) Visa Mastercard **EXPIRATION DATE** _____/_____

CREDIT CARD # | | | | | | | | | | | | | | | | |

CCID # (*last 3-digits on back of card*) | | | |

NAME AS IT APPEARS ON CARD (*please print*)_____

CREDIT CARD ADDRESS_____

_____

I, _____, the cardholder, confirm that I am purchasing merchandise from Adwar Casting Co. Ltd. and give them the authority to charge my credit card for all future purchases. I understand that claims for defective merchandise must be made within 10 business days of receipt of order. All returns must be received before a credit on your card will be processed. I know that I will be charged a processing fee of 3% on each charge.

Cardholder Signature_____ **Date**_____

***PLEASE FAX A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD WITH THIS SIGNED FORM.**