



Credit Card Authorization Form

(Please complete this form and return to us. All information will remain confidential.)

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Billing Zipcode:

Credit Card Number:

Expiration Date: (mm/yy)

Amount to Charge:

+ Shipping

Collect

I authorize **M&P FLANGE & PIPE PROTECTION INC** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

E-mail for CC Receipt

Cardholder – Print Name, Sign and Date Below:

Name:

Sign:

Date:

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