



Credit Card Authorization Form

Customer Name: _____

Address: _____

Phone #: _____

Name on Credit Card: _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ CVC Code: _____

Billing Address: _____

I hereby authorize Bayshore Metals to retain this card information for use on future purchases:

Signed by Cardholder: _____ Date: _____

Special Instructions: _____

244 Napoleon St. San Francisco, CA 94124 | web: www.bayshoremetals.com

Toll Free: (800) 533-2493 | Local: (530) 526-1650 | Fax: (415) 285-5759 | email: billing@bayshoremetals.com