



2430 Schirra Place
High Point, NC 27263
Phone: 336-882-9010
Fax: 336-882-9011

Customer Name: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Master card Amex Discover

Card Number: _____

Expiration Date: _____

Three digit security code: _____

Invoice/Estimate/ Sales Order number: _____

Amount to be charged: _____

E-mail address to send receipt: _____

I undersigned, authorize AmeriFab International to charge the above mentioned credit card. Please note AmeriFab International is NOT authorized to keep your credit card on file. Each transaction will require a new signed copy of this form.

Signature: _____

Date: _____

*Please note there will be a 3% processing fee for any partial payment of an order.