



857 N. RICHMOND AVENUE • LINDENHURST, NY 11757
Phone: 631-884-0565 • Fax: 631-884-0564 • denise@erlinsteel.com

CREDIT CARD AUTHORIZATION FORM

DATE: _____

Customer Name: _____

Address: _____

Street

City *ZIP*

Invoice Number: _____

Amount: _____

Credit Card: AMEX VISA MasterCard Discover
(Please circle)

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Signature: _____

By signing the above, I authorize **ERLIN OF LONG ISLAND, INC.** to charge my account for the above listed amount to cover of goods received (or to be received).

Please return this form via fax to **631-884-0564** or email to DENISE@ERLINSTEEL.COM ASAP. Thank you!