



High Precision Casting LLC.

CREDIT CARD AUTHORIZATION

I , hereby authorize High Precision Casting LLC, to charge my credit card for the amounts invoiced.

Company Name:

Street:

City: State: Zip:

Telephone: Fax:

E-mail:

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Credit Card Billing Address

Name (on card):

Street:

City:

State: Zip: Country:

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AMERICAN EXPRESS / DISCOVER / VISA / MasterCard only

Credit Card Number: Expiration:

Security Code: Zip: Type:

Zelle, Wire Transfers and ACH Wires are also accepted.
All payments must clear and credit card payments must go through before pickup/shipping

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Cardholder's Signature: Date:

As the credit card holder, I also authorize High Precision Casting LLC to charge my credit card for future purchases verbally (or written) approved by me. Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. High Precision Casting LLC will keep all information entered on this form strictly confidential.