

Zirconmania
110 E. 9th Street Suite A1090
Los Angeles, CA 90079
TEL 800-858-6541
FAX 213-236-0822
www.zirconmania.com
email: support@zirconmania.com

**PLEASE FILL THIS FORM OUT
COMPLETELY AND RETURN TO US
IMMEDIATELY VIA FAX OR MAIL FOR
PROMPT PROCESSING OF YOUR ORDER.**

**YOUR ORDER WILL NOT BE RELEASED
UNTIL AUTHORIZATION IS RECEIVED.**
THANK YOU.

Credit Card Authorization

Date _____

Company Name _____

Name As It Appears on the Card _____

Cardholder's Billing Address _____

Address

City, State and ZIP CODE

Country _____

Contact Phone Number For Cardholder _____

Visa/MC/Discover/Amex# _____

Expiration Date _____

***I authorize Zirconmania to charge my Visa/MC/Discover/Amex for all further purchases of merchandise shipped. I understand that this is your written authorization to charge these shipments to my charge cards indicated above. This agreement is valid until written notice of cancellation is received.*

Cardholder's Signature X _____

If cardholder's billing address is outside of the US, please also provide 1) a photocopy of the front and back of the credit card, 2) a photocopy of the cardholder's passport(or) identification card AND 3) the information below for the card-issuing bank. Thank you!

Name of Bank: _____

Telephone No. _____

Address of Bank: _____

To cancel the above Charge Card Authorization, please provide the information below.
This is my authorization to CANCEL the above agreement.

Company Name: _____