

D.M.J CASTING INC.

Credit Card Authorization Form

Company name _____

Address _____

City _____ State _____ Zip Code _____

Invoice paid# _____

Amount authorizing to charge _____

Date ____/____/____

Shipping Address/ Ship to:

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Shipping Method: FedEx ☐ UPS ☐ USPS ☐

Shipping Account _____

Billing information

MasterCard ☐ Visa ☐ Discovery ☐

Card holder's name _____

Card Number _____

Security Code _____ Expiration Date _____

Card Holder's signature _____

Terms of authorization: The signing party hereby authorizes DMJ CASTING INC to charge the above listed account for this transaction.

No merchandise may be returned without express request to DMJ CASTING INC. and authorization of DMJ CASTING INC.

The laws of the State of New York will govern this agreement, without reference to rules governing choice of laws. Any action relating to this agreement must be brought in the federal or state courts located in New York, New York and the parties irrevocably consent to the JURISDICTION of such courts.

This agreement constitutes the ENTIRE AGREEMENT and understanding between the parties with respect to the subject matter of this agreement and supersedes all prior or contemporaneous written or oral agreements or representations between the parties. A written instrument signed by both parties may only modify this agreement.

Please return by fax: 212.719.1956 Tel: 212.719.1951

DMJ CASTING INC 62 WEST 47 TH STREET SUITE#508 NEW YORK NY 10036