



CREDIT CARD CHARGE AUTHORIZATION FORM




NAME (As it appears on card): _____ PHONE: _____

COMPANY NAME: _____

CREDIT CARD BILLING ADDRESS: _____

(Where you receive your card statement)

CITY, STATE & ZIP _____

CREDIT CARD:   

CREDIT CARD NUMBER:

EXPIRATION DATE: /

3 or 4 DIGIT SECURITY CODE: Note: 3 digit on Visa & MasterCard; 4 digit on Amex

Visa and MasterCard (on back of card)

Account Number Security Code



American Express (on front of card)



Customer PO #, A&L Invoice # or A&L Quote #: _____

ANY INVOICE PAID BY CREDIT CARD 15 DAYS AFTER INVOICE DATE WILL BE CHARGED A FEE OF 2%

Amount to be charged: \$ _____ (Applicable taxes will be applied)

(Amount is based upon quantities and details indicated. Order variations will affect price.)

I understand that this information will be kept in strict confidence within A&L Shielding Inc.

I hereby authorize A&L Shielding Inc. to accept and bill my order to the above mentioned credit card.

AUTHORIZED SIGNATURE: _____ DATE: _____

Customer must complete ENTIRE FORM and fax or email back to A & L Shielding Inc, Attn: Credit Department
Fax # 706-232-2518 or email credit@alshielding.com prior to products being released for production!