



## CREDIT CARD CHARGE AUTHORIZATION FORM

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NAME (As it appears on card): \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

(Where you receive your card statement)

CITY, STATE & ZIP \_\_\_\_\_

CREDIT CARD:               

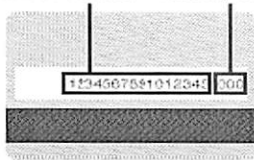
CREDIT CARD NUMBER:

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 10 DAYS AFTER INVOICE DATE WILL BE CHARGED A FEE OF 3%**

**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](mailto:credit@alshielding.com) prior to products being released for production!