



CREDIT CARD CHARGE AUTHORIZATION FORM




NAME (As it appears on card): _____

COMPANY NAME: _____

CREDIT CARD BILLING ADDRESS: _____

(As it appears on card statement)

CITY, STATE & ZIP _____

CREDIT CARD:   

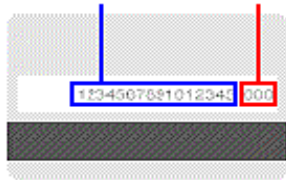
CREDIT CARD NUMBER:

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)



I understand that this information will be kept in strict confidence only in the Credit Department of A&L Shielding Inc.

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

This authorization covers: This Order Future Orders

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!