

Credit Card Authorization Form

Fax or email this form to:

714-765-0447 or scc@alstyle.com

For security purposes return this form to only this fax or email address.



CUSTOMER NAME OR COMPANY		CUSTOMER#	TELEPHONE#	
CONTACT NAME		EMAIL		
CREDIT CARD#		CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <small>DISCOVER NOT AVAILABLE ON WEB</small>		
ISSUING BANK		EXPIRATION DATE: / MONTH YEAR		
FULL NAME AS IT APPEARS ON CARD		PLEASE CHECK ONE OF THE OPTIONS. IF NOT CHECKED OFF WE WILL ASSUME ONE TIME USE ONLY. <input type="checkbox"/> KEEP ON FILE. <input type="checkbox"/> ONE TIME USE.		

CREDIT CARD BILLING ADDRESS:

I understand that I am obligated to notify Alstyle Apparel/A&G., Inc. if there are any changes in authorized users. I further understand and agree that my credit card account will be charged in the event the card is used by former authorized users, unless I notify Alstyle Apparel/A&G., Inc. in writing, of changes in authorized users. My signature is my personal guarantee that I am solely responsible for payment of each transaction. I understand that I will reference the last four digits of this credit card number on every purchase order. If it is not done it could cause a delay in my shipment. I am responsible for providing Alstyle Apparel/A&G with a new form prior to the expiration date of this credit card.

This form will be valid up to expiration date of this credit card. We require a new form upon reaching the expiration date of this credit card.

A signed Purchase Order containing the last four digits of the credit card number to be charged is required.

CARDHOLDER SIGNATURE	TELEPHONE#	FAX#	DATE

For office use only
Credit Card Verified by _____ Date _____