4339 Old Lincoln Hwy
Trevose, PA 19053
888-396-2199 215-322-2199
Fax 215-357-6051

Purchase Authorization To Charge Credit Card

1 Salesman Information

Date _____ Salesman _____

Salesman Ext. #

2 Cardholder Name & Billing Address

Name _____

Title _____

Company _____

Billing Address _____

_____

City/State/Zip _____

The above is a [ ] Business [ ] Home

3 Shipping Name & Billing Address

Name _____

Title _____

Company _____

Shipping Address _____

_____

City/State/Zip _____

The above is a [ ] Business [ ] Home

4 Items Ordered

Part # / Description	Quantity	Price $
	Sales Tax (if app)	
	Shipping	
	Total	

5 Very Important

Please give us any phone numbers where we can reach you if we have a question regarding your order

Home Phone ( ) -

Work Phone ( ) -

Cell Phone ( ) -

Fax Number ( ) -

6 Method of Payment

I hereby authorize Al's Auto Inc. to charge the order as described above to my credit card. I understand that this order is place via a telephone and my signature on this agreement is binding. I understand that if for any reason I REFUSE this shipment, the freight charges will be charged to my credit card. I understand the warranty on this purchase is only as stated on Al's Auto's invoice, which supercedes any and all card issuer warranties.

[ ] MasterCard [ ] VISA

Account Number _____ _____ _____ _____

Expiration Date _____ / _____ CVC - 3 Digit Code ____ _____ _____

Cardholder Signature_____