



Acct #
Order #

**PURCHASE ORDER & CREDIT CARD AUTHORIZATION FORM**

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Visa  MasterCard  Amex

Exp. Date: \_\_\_\_\_ Total Amount \$: \_\_\_\_\_ Signature: \_\_\_\_\_

CVC#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Qty	Item Number	Description	Unit Price	Total
Billing Address: _____			Ship To Address: <input type="checkbox"/> (Check if same as bill to)	
<p>Please Complete and Sign this credit card authorization form. Your order will be processed upon receipt of this completed form. Please allow adequate time for handling and delivery. Thank you for your continued business.</p> <p align="center"><b><u>Authorization Is For This Order Only</u></b></p>			<b>Sub-Total</b>	
			<b>Sales Tax</b>	
			<b>Shipping/Handling</b>	
			<b>TOTAL</b>	

"WE ACCEPT CREDIT CARDS (VISA, MASTERCARD OR AMERICAN EXPRESS) OR CHECKS ONLY.  
 "IF CHECK, YOU MUST MAIL YOUR CHECK TOGETHER WITH YOUR ORDER.  
 "ALL CLAIMS MUST BE MADE WITHIN 10 DAYS. NO GOODS WILL BE RETURNED WITHOUT A RETURN AUTHORIZATION NUMBER  
 FROM THE MANUFACTURER. ALL RETURNS MUST BE FREIGHT PRE-PAID AND ARE SUBJECT TO A 35% RESTOCKING FEE.  
**\*\*\$100.00 MINIMUM BILLING\*\***  
**\*INCOMPLETE FORMS WILL CAUSE A DELAY OF THE ORDER\***

Mailing Address: 4170 Distribution Circle, Suite 103, N. Las Vegas, NV 89030  
 Phone: (800) 828-9118; Fax: (817) 481-3993  
 E-Mail: [info@americanlocker.com](mailto:info@americanlocker.com)