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|---------|
| 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: (Check if same as bill to) | | |
| 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. <u>Authorization Is For This Order Only</u> | | | Sub-Total | |
| | | | Sales Tax | |
| | | | Shipping/Handling | |
| | | | TOTAL | |

"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