



Toll Free: 1-800-838-3064 • www.alamoturbochargers.com

22737 – 72nd Avenue South, Building C, Suite 109
Kent, Washington 98032

Telephone: 253-872-0662 Facsimile: 253-872-0664

Credit Card Authorization Form

Complete and return via facsimile to the appropriate office noted above. We will be unable to process an incomplete form.

Please Print Clearly

Card Holder Name: _____

Company Name: _____

Billing Address of Credit Card: _____

Telephone Number: _____

Credit Card Number (Visa or Mastercard): _____

Expiry Date: _____ Security Code (from back of card): _____

I hereby certify that I am the card holder of record for the above card and request payment for invoice number(s) _____

in the amount of \$_____ be charged to the above noted credit card.

Signature of Card Holder: _____

Date: _____