



Toll Free: 1-800-988-7260 • www.alamoturbochargers.com

CALGARY OFFICE:
Bay 30, 5225 - 6th Street NE, Calgary, Alberta T2K 5Y4
Telephone: 403-274-6211 • Facsimile: 403-275-4600

EDMONTON OFFICE:
12151 Fort Road NW, Edmonton, Alberta T5B 4H2
Telephone: 780-487-6211 • Facsimile: 780-487-6219

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: _____