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Kent, Washington 98032 USA
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CREDIT CARD AUTHORIZATION FORM

Return completed form to the fax number noted above or by email payables@alamoturbochargers.com.
We cannot process an incomplete form.

CREDIT CARD:		CREDIT CARD NUMBER:	
*EXPIRY DATE:		*SECURITY CODE:	
CARDHOLDER NAME:			

**NOTE: If you plan to email your form, do not enter the card's expiry and security code. Email is not secure and your information could be at risk. Instead, we ask that you please call Alamo Turbocharger Services with this information after you have submitted your form.*

BILLING ADDRESS OF CREDIT CARD:	
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CONTACT NUMBER:		COMPANY NAME (if applicable):	
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I hereby certify that I am the card holder of record for the above-detailed card and authorize payment for invoice number(s) _____ in the total amount of \$ _____ to be charged to this credit card.

SIGNATURE OF CARD HOLDER:		DATE:	
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