



ALLIED-EAGLE SUPPLY CO.



Allied-Eagle Supply Company

Credit Card Authorization Form (CCAF)

All information will be kept confidential

PLEASE READ: This form MUST be completed in full, and signed by an authorized user of the credit card.

This form is required on ALL orders placed where a credit card will not be present.

Invoices that are not paid at the time of purchase will be subject to a 2.5% Processing Fee that will be added to the total amount charged. Pre-Paid invoices are not subject to the Processing Fee

One Time Purchase

One Time Purchase: By checking this box and signing this form you give **Allied- Eagle Supply Company, Mellocraft, P.B. Gast & Sons** permission to charge your credit card for the amount indicated below on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits and/or credits to your account.

Keep my Credit Card on File

Keep on File: Account Terms change to Pre-Paid Credit Card. By checking this box and signing this form you have given **Allied-Eagle Supply Company, Mellocraft, P.B. Gast & Sons** permission to keep your credit card on file; you authorize Allied-Eagle Supply, Mellocraft, S.F. Strong to charge the credit card below for all agreed upon purchases. Card will be run when the order is processed. You also agree that you will pay for these purchases in accordance with the issuing bank cardholder agreement. **(This card will stay on file until we receive written notice to remove it)**

Detroit

1801 Howard Street
Detroit, MI 48216
Ph. (313) 230-0770
Fx. (313) 230-0771

Toledo

3151 Hill Ave
Toledo, OH 43607
Ph. (419) 867-7722
Fx. (419) 867-3377

Grand Rapids

3919 N. Greenbrooke Dr.
Grand Rapids, MI 49512
Ph. (616) 245-0574
Fx. (616) 245-2632

www.alliedeagle.com
email@alliedeagle.com

CREDIT CARD INFORMATION

Legal Name of Business: _____

Name as it Appears on Card: _____

Type of Credit Card: Visa MasterCard Discover Amex

Card No.: _____

Expiration Date: _____

CVV2

(3 digit # on back of Visa/MC or 4 digits on front of Amex)

Phone Number: _____

Billing address of Credit Card: _____

City: _____ **State:** _____ **Zip Code:** _____

Note: If this address does not match what is on file with your credit card company, it may cause a delay in the shipment of your order.

Invoice(s) to be paid: _____

Amount: \$ _____

Signature: _____ **Date:** _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

****PLEASE RETURN THIS FORM TO OUR ACCOUNTING DEPARTMENT****

FAX: (313)230-0790

EMAIL: AlliedAR@alliedeagle.com

