



## 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  
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Fx. (313) 230-0771

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

[www.alliedeagle.com](http://www.alliedeagle.com)  
[email@alliedeagle.com](mailto: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](mailto:AlliedAR@alliedeagle.com)

