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CREDIT CARD AUTHORIZATION FORM

Please fill-out the fields below and return form to one of the office fax numbers noted above or via email to alamopayables@alamoturboschargers.com. *We cannot process payment without complete credit card information.*

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 Turbochargers with this information after you have submitted your form.*

BILLING ADDRESS OF CREDIT CARD:	
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PHONE / CELL NUMBER:	
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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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