



Confidential Credit Card Charge Authorization

Company Name

Your name

Mailing address

Phone Number

Fax Number

City

State

Zip Code

Ship to address (if other than above)

City

State

Zip Code

Card Type: Visa

Master Card

American Express

Cardholders Name: _____
(exactly as stated on card)

Card Number: _____

Expiration Date: _____

Sales Tax Status: Not Exempt Exempt (exemption certificate must be supplied with this application)

I hereby authorize **ALEDco Inc.** to charge the above Credit card number for the Products or services requested.

Signature: _____

Date: _____

1810 East Race Street Allentown, PA 18109

Phone: 610-266-2555 Fax: 610-266-6616 Email: sales@aledco.com