

## Allied Plumbing & Fire Supply 11120 Sherman way Sun valley, CA 91352 Tel: 818-764-9800 Fax: 818-764-7381

## Customer Credit Card Authorization

| Customer Name:   |                      | C              | ontact Name: |          |             |                   |
|--|----------------------|----------------|--------------|----------|-------------|-------------------|
| Address:   |                      | Т              | elephone:    |          |             |                   |
| City/State/Zip:  |                      | F              | ax:          |          |             |                   |
| Email:   |                      | V              | Vebsite:     |          |             |                   |
|  |                      |                |              |          |             |                   |
| Card Type: Billing Zipcode #:  |                      |                |              |          |             |                   |
| Card Number:   | Card Verification #: |                |              |          |             |                   |
| Card Holder Name:  | Expiration Date:     |                |              |          |             |                   |
| By signing the following form (the customer) authorized Allied Plumbing & Fire Supply to automatically charge any<br>outstanding balances left with Allied Plumbing & Fire Supply, Inc. on the credit card information provided above. |                      |                |              |          |             |                   |
| Name:  |                      | Date:          |              |          |             |                   |
| Company:   |                      | Title:         |              |          |             |                   |
| Signature:   |                      |                |              |          |             |                   |
| I authorized Allied Plumbing & Fire Supply to keep the above card on file and charge any invoices occurred to my card.   |                      |                |              |          |             |                   |
| No, I do not want my credit card kept on file for future purchases   |                      |                |              |          |             |                   |
| Name:  | Sig                  | nature:        | Date:        |          |             |                   |
| *** For Reference Only ***   |                      |                |              |          |             |                   |
| If you would like payments to be applied to specific invoice numbers, Please list invoices below or include copies with this fax.  |                      |                |              |          |             |                   |
|  |                      |                |              |          |             |                   |
| Invoice Number   | Invoice Number       | Invoice Number | Invoice Num  | ber Invo | vice Number | Invoice<br>Number |
|  |                      |                |              |          |             |                   |
|  |                      |                |              |          |             |                   |
|  |                      |                | 1            |          |             |                   |

\*All American Express Card will be charged additional 3% for processing fee. \*\* By signing this document you agree to the all terms and conditions of APFS. For terms and conditions please contact APFS.

www.apfs.com