



CUSTOMER'S AUTHORIZATION TO PAY WITH A CREDIT CARD

Date completed:			
Business name:			
Please check box :	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Name of the credit card holder : (Uppercase)			
Credit card holder's signature :			
Credit card number :			
Expiry date : MM/AA	/		
3-Digit code noted on the back of the credit card:			
E-mail adress for the transaction receipt:			
Invoice numbers paid :			

By the present you confirm that you approve the following :

I confirm that I authorize Alliance Logistic Solutions to accept the orders tendered by our company, to charge the total cost of the invoices of the services rendered to our account and to make the payment of these invoices (or those noted above) with the credit card mentioned above. I accept with the present that I am solely responsible for the payment of these transactions and assure the payment of these invoices. In the event that this credit card becomes obsolete or expired, we will advise the credit department of Alliance Logistic Solutions of a new updated and valid credit card.

COMPLETE AND RETURN TO THE FOLLOWING ADDRESS : PAYABLE@ALLIANCELSI.COM