

A CRANE AND COMPRESSOR RENTAL SERVICE COMPANY

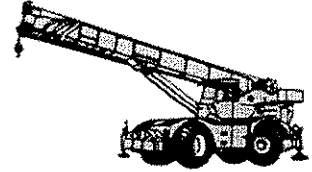


(248) 357-5400

# ALLINGHAM CORPORATION DETROIT

21250 W. 8 Mile Rd. Southfield, MI 48075

www.allinghamcorp.com



Fax (248) 357-0404

## ► Credit Card Authorization Form

### INSTRUCTIONS

1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to Allingham Corporation by fax.

SUBMIT TO:

Allingham Corporation  
fax (248) 357-0404

Date \_\_\_\_\_ Invoice Ref. # \_\_\_\_\_  
*(Optional)*

\* Cardholder Name: \_\_\_\_\_

\* Credit Card  Visa  MasterCard  American Express

\* Card Number: \_\_\_\_\_

\* Expiration Date: \_\_\_\_\_ \* CVV Number: \_\_\_\_\_ *(3-4 Digit Security Code)*

\* Billing Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State/Province: \_\_\_\_\_ \* Zip/Postal Code: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Allingham Corporation to charge my credit card in the amount of:

\$ \_\_\_\_\_ USD *(U.S. Dollars)*

\* Printed Name: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_ \* *Required Fields*

*For Internal use only* (do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES