



2210 Lind Avenue SW, Ste. 109
 Renton, WA 98057, USA
 Tel: 425.430.4555
 Fax: 425-968-9855
www.aleddra.com

Credit Card Authorization Form

For Internal Use:

Date:

CustomerID:

Sales Order #:

I, hereby authorize Aleddra Inc. to charge my credit card account for the following (please check one of the options) **PLUS the 3% fee of the total invoice amount.**

Merchandise of my purchase order # and applicable shipping charge.

Merchandise of my purchase order # only, and use my shipper account (carrier and account#) for freight.

On-File Authorization: I hereby authorize Aleddra Inc. to charge this credit card for this order and all future orders, plus applicable freight charge if no shipper account is indicated, until this credit card expires or my written notice.

Company Name:

Cardholder's Name (Please Print or Type Name)

Credit Card Type: (Select) Choose Credit Card Type Credit Card #:

Exp. Date: / Security Code: (3-digit code on back of card)

Credit Card Billing Address:

Street: City:

State: Zip Code: Telephone: () - Country: (if not US)

Name & Email Address for Invoice:

_____ / /

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. *Aleddra Inc.* will keep all information entered on this form strictly confidential.