ALLIANCE
A LOGISTICS COMPANY

Alliance, Inc.
Credit Card Authorization Form

DATE: _____

Customer: _____

Address: _____

City, State & Zip: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ **Code #** _____
(Visa/MC 3 digits on backside)

Name on Card: _____

Billing Address: _____

City, State & Zip: _____

Amount Authorized: $ _____ **3% processing fee will be added**

I hereby give Alliance permission to charge my credit card for all services rendered. I understand the final amount may be higher than what is listed above, due to variances between the quote and actual shipment. If I have unpaid previous balances I approve those to be paid as well. Please fax this form back to 818-504-3924. If you have any questions, please call 800-6-TIMELY (800-684-6359). Thank you.

_____ _____
Customer Signature Date

_____
Print Name

9822 GLENOAKS BLVD. SUN VALLEY, CA 91352
PHONE: 800-684-6359 FAX: 818-504-3924
WWW.SHIPALLIANCE.COM