



Since 1996

ALSTON INC.

Quality . Beauty . Longevity .™

Credit Card Authorization

(This information will be kept in strict confidence)

Dear : _____
(Customer/Company Name)

Fax: (____) _____ - _____ Tel: (____) _____ - _____

Please fill out form and return completed credit card authorization to the following fax number:

Attn: Accounts Payable
Fax: (909) 287-0698

All information provided to us on this form is kept in strict confidence; this service is provided as a convenience for the customer subject to a convenience fee.

Type of Card (Check One): Visa Master Card

Credit Card #: _____ Exp. Date (MM/YY): ____/____

Billing Zip Code: _____

Security Code: _____



Name as it appears on the card: _____

Billing Address: _____

Authorized Signature to Guarantee Payment: _____ **Date:** _____

- By signing this form, I am authorizing Alston Inc. to charge the above credit card for money owned to Alston Inc., including any unpaid balances, open balances and/or past due balances for the current and future business transactions with Alston Inc.
- The undersigned individually, jointly and severally, agrees to personally guarantee payment for all materials and services furnished.
- In the event legal action is necessary to enforce collection, foreclosure or otherwise, the undersigned further agrees to be responsible for attorney's fees, court and other related costs that may be incurred. It is expressly stipulated that any action, other than foreclosure of lien, may be filled in the Superior Court, County of Riverside, California or at Seller's option.

Should you have any questions, please contact us at (909) 287-0668.

For Office Use Only:

*The above information is intended for the sole use of the intended recipient(s) and may contain confidential or privileged information.

ALSTON INCORPORATED

13980 Central Avenue • City of Chino, CA 91710 • U.S.A. • Tel (909) 287-0668 • Fax (909)287-0698

www.AlstonFlooring.com

www.AlstonInc.com

www.AlstonCarvings.com