

Credit Card Authorization

With my signature below, I hereby authorize Allyn N.Y. Inc. to maintain a record of my Credit Card information for card ending with the last 4 digits of _____ and to charge my credit card for services and or products ordered by myself, either in writing, by telephone, fax or email. The expiration date is ____ / ____ / ____ and cvv code is _____. This authorization is for:

I understand this Credit Card will be charged for **each product and service** that is purchased from Allyn N.Y. Inc.

I authorize the persons named below, if any, to order products and services to be processed on my behalf, and hereby authorize Allyn N.Y. Inc. to charge this Credit Account for the products and services the named person may order either in writing, by telephone, fax, or email. Allyn N.Y. Inc. may continue to accept orders from any below named person until informed otherwise in writing.

Cardholder Name:

Tel:

Card Holder Address:

Address of Service or Delivery:

(If address is same. Please write same):

Signature of Card Holder X _____ Date of Signing X _____

Cardholders email X _____

(Customer will be emailed a credit card receipt on all transactions. If one is provided to us.)

If you have any questions, please call (516) 379-2727

Please fax completed signed document to: (516)867-5740 or email to billing@allynservices.com

AUTHORIZED NAMES OR PASSWORD

ALL INFORMATION MUST BE COMPLETED

Credit Card Type: Visa MasterCard Discover AMEX

Credit Card #: _____ Expiration Date: _____ C V V# _____

Cardholder Name: _____