

# **ALLIED SALES COMPANY**

Division of Texas Enterprises

P.O. Box 6116

Austin, TX 78762

Phone: 512-385-2167

Fax: 512-385-0259

I hereby authorize the use of my Mastercard, VISA, or Discover Card from this day forward for phone purchases of products from Allied Sales Company without my signature.

\_\_\_\_\_  
Customer's Allied Sales Company Account #

\_\_\_\_\_  
Customer's Signature or Authorized Representative

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type of Credit Card Authorized

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date