

ALCHEM

Chemical Company



Delivering
Quality and
Excellence
Since 1981

2010

Credit Card Authorization Form

Payment/Authorization Information:

Card Number: _____

Expiration Date (mm/yy): _____

\$ Amount of Material: _____

Tax Amount for Order: _____

Total \$ Amount of Order/Invoice: _____

Card Code (3 digits on back of card): _____

Invoice # or BL#: _____

Customer Billing Information:

Customer ID #: _____

First & Last Name: _____

Company: _____

Billing Address for Credit Card: _____

City/State/Zip: _____

Phone #: _____

Please Check and Full Signature:

One Time Authorization: _____

Bill My Account for all Purchases: _____

Date: _____

Please Fax Completed form back to Donna Hopper @ 404-696-8207

Alchem Chemical Company
5360 Tulane Drive SW
Atlanta, GA 30336
404-696-9202
800-390-5596