

ALTO PRODUCTS CORP.

Customer Credit Card Authorization

Please complete the information below, sign, and e-mail to ar@altousa.com. For assistance contact Accounting at 251-368-7777 Ext 4 or e-mail ar@altousa.com.

COMPANY INFORMATION

Company Name: _____ **DBA:** _____

Address: _____ **City:** _____

State/Province: _____ **Zip:** _____ **Country:** _____

CREDIT CARD AUTHORIZATION

I hereby authorize Alto Products Corp. to charge the following credit card for any purchases made from Alto Products Corp. now and in the future until such time as a new card is submitted to replace the current one, or that we submit a written request to cease future charges on the card. I also understand there will 3% convenience fee on all credit card transactions.

Name on the Card: _____ **Type of Card:** _____

Card Number: _____ **Exp. Date:** _____ **Security Code:** _____

BILLING ADDRESS

Address: _____ **City:** _____

State/Province: _____ **Zip:** _____ **Country:** _____

SIGNATURE

Signatory Name: _____

Authorized Signature: _____

Title _____ Date: _____