



Since 1798

ALAN MCILVAIN COMPANY

Quality Hardwood Lumber & Mouldings

Credit Card Authorization Release Form

Credit Card Information (choose One) VISA Mastercard American Express Discover

Credit Card Account #: _____ Exp Date: _____

Security Code (CC#) _____

Billing Information

Company Name _____

Cardholders Billing Address: _____

(no PO Boxes Accepted)

City: _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

I _____ (name of card owner or officer) authorize Alan McIlvain Company to charge the above credit card for:

(choose one) ALL ORDERS OR THIS ORDER ONLY \$ _____
Approximate amount

Print Name _____ Title _____

Shipping Information*

Check here if the shipping address is the same as the billing address.

*Complete this section ONLY if the shipping address is DIFFERENT from the billing address.

Recipients Name _____ Phone Number _____

Shipping Address _____

City _____ State _____ Zip _____

I Authorize Alan McIlvain Company to ship the merchandise purchased with the above credit card account number to the above credit card billing address and company billing address as well as any addresses on this form under the heading of "Shipping Address". And I am fully aware that my credit card is being charged for any such purchases.

Cardholders Signature: _____ Date _____