



New Account Questionnaire

Customer Name _____

Street address _____

City _____ State _____ Zip _____

Company Phone Number _____ Fax Number _____

Cell Phone Number _____

Email for accounting _____

Primary Contact _____ Position _____

Credit Card Authorization

Required information:

Credit Card Address _____

(if different from billing address)

Telephone # _____

1. Type of Card _____
2. Name as printed on Card _____
3. Card Number _____
4. Expiration Date _____ 3 Digit Pin# _____

LETTER OF AUTHORIZATION

_____ I authorize Alliance Industrial Service & Sales to charge my credit card to pay invoice or invoices listed only.

Invoice # _____

_____ I authorize Alliance Industrial Service & Sales to charge my credit card to pay invoice or invoices listed **plus** any future charges ordered via phone or in person. I will be notified verbally of invoices being charged to my credit card.

AUTHORIZED SIGNATURE _____

DATE _____

RETURN TO:

Accounting: ar@alliance-ind.com or call (602) 386-1850

Thank You!