

# Credit Card Authorization Form



Please complete this form and fax it to your appropriate branch.

Allied Account Information (if applicable):

Allied Account#: \_\_\_\_\_ Invoice/Proposal Number: \_\_\_\_\_

Card Information:

Card type:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

\*CVV2 Code: \_\_\_\_\_

\*CVV2 Code – The CVV2 Code is identified as the last three digits found on the signature panel on the back of Visa, MasterCard, and Discover Cards and the 4-digit number found on the front of American Express cards above the credit card number. This code helps guard against credit card theft and also protects you if your card number is stolen. This number is required to process your credit card transaction.

Cardholder's name (as appears on card): \_\_\_\_\_

Cardholder's address (as appears on credit card statement):

Street address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's daytime phone number: (\_\_\_\_) \_\_\_\_\_

Total amount of authorized purchase (US\$):

\$ _____
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By my signature below, I authorize Allied Fire & Security to charge my credit card for the amount listed above, and I will pay the total amount (including credit card service fee, state taxes, etc. if applicable) according to my card issuer's agreement.

**CARDHOLDER'S SIGNATURE**

X \_\_\_\_\_ Date: \_\_\_\_\_

### Allied Branch Locations

**Eastern Washington & Northern Idaho**  
425 W Second Ave. Spokane, WA 99201  
Phone: 509-624-3152 Fax: 509-624-6909

**Western Washington**  
1015 Central Ave N, Kent, WA 98032  
Phone: 425-988-6500 Fax: 425-988-6501

**Oregon & Southwest Washington**  
530 NE Couch St. Portland, OR 97232  
Phone: 503-281-1177 Fax: 503-288-1539

### FOR ALLIED USE ONLY

Charges posted by: \_\_\_\_\_ Date: \_\_\_\_\_

AVS Result Code: \_\_\_\_\_ Notes: \_\_\_\_\_