

ARLENCO DISTRIBUTION INC.

ONE TIME AUTHORIZATION FOR CREDIT CARD CHARGE

By signing this agreement, I authorize Arlenco Distribution Inc. to charge my credit card on File as indicated below to pay for the purchases, fees and expenses specified in the referenced invoice (s). I am the authorized signer on the credit card indicated. **Customer must have a completed FORM AR-108 "CREDIT CARD APPLICATION" on file at Arlenco Distribution Inc. Corporate office.**

This is for a one time authorization for use of a credit card. A new form must be completed for additional credit card purchases. Please fill out this form completely, and fax, email or mail it back to your Local Arlenco Branch where Purchase is To be Made. You Must Contact Them for Faxing or Emailing numbers and Addresses.

VISA MASTERCARD AMEX DISCOVER

Last 4 digits of Credit Card Number

Arlenco Account #

Business Name

\$ _____
Amount to Be Charged

Invoice No. (s)

Name on Credit Card:

Signature: _____
(Must be signature of credit card holder)

Date: _____