



Credit Card Authorization Agreement

Please print out this form, fill out completely, and return via email to sales@alximaging.com





Card Holder Billing Information for Credit Card Below:

Name:	Phone Number:
Address:	City/State:
Suite/Rm/Floor:	Postal Code:

Authorized Purchases for:

Company Name:	Ship Attn:
Address:	Phone Number:
Suite/Rm/Floor:	Fax Number:
City/State/Zip:	Email:

Credit Card Information:

Please select one:  Visa  MasterCard  Discover  American Express

Credit Card Number:	Expiration Date:
Name(s) on Credit Card:	3 Digit CVV Code:

Terms & Conditions of Sale: (Please read and understand before signing)

- I, the undersigned, agree to pay for all purchases according to the terms & conditions as they appear on the most current ALX Imaging web site, located at LibertyToner.com - I agree to pay all debts incurred within the terms of sale. No terms or conditions of purchase orders different from said terms at LibertyToner.com will become part of any Sales Agreement.
- The laws of the State of Texas shall be applicable to all suits arising under any agreement between the undersigned and ALX Imaging. In the event of litigation, venue shall be the choice of ALX Imaging. I/we further agree to pay reasonable collection costs and attorney's fees incurred by ALX Imaging to collect any outstanding balances.
- I understand that, with my signature, I acknowledge that I have checked all information provided to ALX Imaging and it is correct, and that I have read, understand and agree to all the terms and conditions upon which this and all future purchases are governed. – Terms located at <http://www.LibertyToner.com/policies>
- I, the undersigned, give ALX Imaging permission to charge the full amount of all purchases, current & future, to the above mentioned Credit Card. Purchases included in this agreement will be in behalf of the company and/or individual designated within "Authorized Purchases for:", as well as the cardholder him/herself.

Cardholder Signature:	Date:
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