



www.allorausa.com  
**1-888-MY-ALLORA**

Fax : (301) 355-4630 allora@allorausa.com

## CUSTOMER PURCHASE ORDER AUTHORIZATION FORM

### CUSTOMER CONTACT

Company Name: .....

Phone: ..... Fax: ..... E Mail: .....

### PRODUCT REQUEST

Model No: .....	Quantity: .....	Model No: .....	Quantity: .....
Model No: .....	Quantity: .....	Model No: .....	Quantity: .....
Model No: .....	Quantity: .....	Model No: .....	Quantity: .....
Model No: .....	Quantity: .....	Model No: .....	Quantity: .....

### ADDRESS

<b>Billing Address:</b>	<b>Shipping Address:</b>
Street: .....	Street: .....
City: .....	City: .....
State: .....	State: .....
Zip: .....	Zip: .....

### CREDIT CARD INFO

Card Type:  Visa     MasterCard     Discover     Amex

Card Number: ..... Expiration Date: ..... Security Code: .....

I agree to the terms and conditions of Allora Usa

Print your Full Name as your signature here: .....