



Credit Card Authorization Form

Please complete this form and return to CustomerService@atlantexmfg.com or fax to (610) 518-6602.
All information will remain confidential.

Please note that a service charge of 4% will be added to all credit card transactions.

Please complete the information below:

CREDIT CARDHOLDER INFORMATION	
NAME ON CREDIT CARD	
TYPE OF CREDIT CARD	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
CARD NUMBER	
EXPIRATION DATE	
SECURITY CODE #	

BILLING ADDRESS	
COMPANY NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
PHONE #	
EMAIL	
FAX NUMBER	

SHIP TO ADDRESS	
COMPANY NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
PHONE #	
EMAIL	
FAX NUMBER	

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UPS ACCOUNT NUMBER	
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PURCHASE ORDER NUMBER	
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PRODUCTS REQUESTED			
QTY	PART NUMBER	PRICE/FT.	TOTAL

AUTHORIZATION OF CARD USE

- I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate.

Card holder Name (please print): _____

Signature: _____

Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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