



Credit Card Payment Authorization Form

Customer Name: _____

Account Number: _____

Billing Contact: _____

Phone Number: _____

Phone Number: _____

CREDIT CARD INFORMATION

Please select card type:



Please select one of the following options:

Charge my card for this month's payment only. Amount: \$ _____

Automatically charge my card every month.

Card Number: _____

Exp. Date: _____

Name as it Appears on Card: _____

Billing Address: _____

Signature: _____

Date: _____

Please copy this form on your company letterhead and fax to (404) 869-2505.

INTERNAL USE ONLY

APPROVAL CODE _____

DECLINED _____

DATE CHARGED _____

CUST. RETEN. ACCOUNT. _____