



1120 Oakleigh Drive | EastPoint, GA 30344 | Phone: 770-692-1455 | Fax: 770-692-1450

Credit Card Authorization Form

To protect both you and our company from unauthorized credit card usage we require the below form to be completed and returned by email or fax, along with a copy of the **front and back of the credit card** and a **copy of your Drivers License**.

Enter your credit card details exactly as shown on your card and billing statement.

Name on Card:	
Company:	
Billing Street Address	
City, State, Zip	
Contact Email Address	
Phone:	
Credit Card Type	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/>
Card Number	
Expiration Date	
CVV Code (3 or 4 digit security code)	

Signature to Authorize Billing of the Above Card:*

Date:

* By typing your name and submitting this form, you agree that the typed signature on this authorization is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.