



CREDIT CARD AUTHORIZATION FORM

COMPANY OR INDIVIDUAL'S NAME _____ Date _____

I Authorize Atlas Embroidery & Screen Printing to bill my/our

Check One: Visa MasterCard Discover American Express

Card Number:

Expiration Date: Code From Signature Panel (Last Three Digits) :
(Four if American Express)

Please fax your Florida State tax certificate to 954-922-2293

Cardholder's Name & Billing Address of Card:

Person (s) _____

Street _____

City _____

State & Zip Code _____

Telephone No. (Inc. Area Code) _____

E-mail Address _____

Business Name & Address or Ship to Address (If different):

Company Name _____

Street _____

City _____

State & Zip Code _____

Telephone No. (Inc. Area Code) _____

E-mail Address _____

Signature _____ Date _____

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