



CREDIT CARD AUTHORIZATION FORM

COMPANY OR INDIVIDUAL'S NAME _____ Date _____

ASI# _____ SAGE# _____ PPAI# _____

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 _____

Hereinafter referred to as the "company" or person as named above, hereby personally guarantees to you, Atlas Embroidery, LLC, any obligation of the company or person and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It shall be understood that this guarantee will be a continuing and irrevocable guarantee and indemnity for such Indebtedness of the company. We do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. It is understood that should my/our company become delinquent in payment, Atlas Embroidery, LLC will charge and undersigned does hereby agree to pay reasonable attorney's fees, an alter charge of 2%, service charge of 1 1/2% per month, and all other cost and expenses which may be incurred by Atlas Embroidery, LLC. In the enforcement of this guarantee. This guarantee shall bind our executors, administrators and assigns, and shall remain in force and effect unless and until cancelled by notice sent to you registered mail, in which case it shall then be binding as to any balances still owing and outstanding as of date of your receipt of such registered notice.

Signature _____ Date _____

