



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND FAX TO US AT 404-477-1428.
All information will remain confidential.

Cardholder Name:

Billing Address:

Credit Card Type: Visa Mastercard AmEx

Credit Card Number:

Expiration Date:

Card Security: (Visa/MC: last 3 digits on the back; Amex: 4 digits on the front card)

I authorize you to charge my credit card as follows:

One Time Charge Only in the amount of: USD

Keep my information on file for this and future charges

Cardholder – Print Name, Sign and Date Below:

Signed:

Dated:

Name: