



CREDIT CARD AUTHORIZATION FORM-ON FILE

COMPANY NAME _____

Cardholder Name _____

Billing Address _____

City _____ State ____ Zip _____

Shipping Address _____

City _____ State ____ Zip _____

(If different from billing)

Telephone _____

The above mentioned cardholder certifies that all information contained in this document is true and correct. The cardholder also authorizes Atlantic Technology to charge the above mentioned credit card for all purchases placed with Atlantic Technology. By signing this document, the cardholder certifies that an order has been placed with Atlantic Technology and uses this process to satisfy payment for all orders.

American Express Discover

MasterCard Visa

Card Number # _____

Expiration Date ____ / ____ / ____

CVC Security Code _____ (3 digits Visa/MC/Discover - 4 digits AMEX)

Signature _____