



CREDIT CARD AUTHORIZATION FORM

Please read this before you continue: Form must be completed in full and signed by an authorized user of the credit card. Email to orders@atlfilmsupplies.com and received before any order can be made. If you fail to comply with these requirements ATL FILM SUPPLIES will not be able to process any order. We will add a 3.5% credit card fee and all charges

(Name as it appears on the credit card) _____ by executing this agreement unconditionally authorizes Fax marketing Canada access system to charge the following credit card:

Credit Card Number: _____

Credit Card Type: _____ Expiration Date: _____

CVV Code: _____ (Back of the card)

For the Amount of: \$ _____

Onetime payment

CARDHOLDER'S BILLING ADDRESS (Required):

Address: _____

City: _____ State: _____ Zip Code: _____

Province: _____ Country: _____

Billing: Area Code and telephone No: _____ **DELIVERY**

ADDRESS (If different):

Address: _____

City: _____ State: _____ Zip Code: _____

Province: _____ Country: _____ Billing: Area

Code and telephone No: _____

Order number: ___ SUPPLIES2018 _____ By: _____

Cardholder Authorized Signature

Date: _____