



For the **Tru** Professional



1125 Hayes Industrial Drive • Marietta, GA 30062-2428
PH: 800-241-9414 or 770-427-1334
FAX: 770-427-9011 • www.atlanco.com

CREDIT CARD AUTHORIZATION FORM

In order to expedite your orders and to insure proper credit to your credit card account, please return this form with all the following information.

DATE: _____

COMPANY NAME: _____ CUST. # _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

NAME ON CREDIT CARD: _____

(If different from undersigned)

VISA AMX MC

No.: _____

Exp. Date: _____ CCV No.: _____

No.: _____

Exp. Date: _____ CCV No.: _____

No.: _____

Exp. Date: _____ CCV No.: _____

No.: _____

Exp. Date: _____ CCV No.: _____

CCV CODE: *Visa/MC is 3 digits on back of card, and AMEX is 4 digits on front of card*

BILLING ADDRESS OF CREDIT CARD

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

(The address where you receive your bill)

I hereby authorize ATLANCO to bill the above credit card(s) for payment on my account.

Signature

In order to protect yourself and ATLANCO from fraudulent charges we require you send us a copy of the above card(s), along with a picture I.D.