



16511 Hedgecroft Suite 200
Houston, Texas 77060
Ph: (281) 591-2211 - (877) TO ATLAS
Fax: (281) 591-6344
www.aishouston.com

CREDIT CARD AUTHORIZATION FORM

Please attach to this form copy of your credit card (fron and back)

Your payment will not be processed until this form is fully completed and received by Atlas Industrial Supply, Inc.

Please Print all Information Clearly

Company Name: _____

Card Holder's Name
as it Appears on Card: _____

Credit Card Number: _____

Type of Credit Card: Visa Mastercard Discover

Expiration Date (MMYY): _____ Security Code: _____

Address where the statement
account is received (as listed on statement) _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone Number (area code first): _____

Fax Number (area code first): _____

Email Address: _____

I hereby authorize Atlas Industrial Supply, Inc. to debit my credit card for the amount of \$ _____

Signature _____

Name _____

Date (MMDDYY) _____