



### Credit Card Processing Form

*Instructions: Please complete the form below and email to [evelyn@atlglobal.com](mailto:evelyn@atlglobal.com).*

#### COMPANY INFORMATION

Company Name:

DBA (if applicable):

#### BILLING ADDRESS

Street Address:

City:

State:

Zip Code:

#### SHIPPING ADDRESS

Street Address:

City:

State:

Zip Code:

#### CREDIT CARD

American Express

MasterCard

Visa

Card Number:

Expiration Date:

Card Code \*:

Cardholder Name:

Cardholder's Signature:

Date:

#### INVOICE NUMBERS TO PAY

*\* Card Code for MasterCard and Visa can be found in the signature line of the card; card code for American Express can be found on the front of the card.*