



Americas Trade & Supply Inc.

Credit Card Charge Authorization Form

Card Holder Name: _____

Billing Address: _____

_____ Zip Code _____

Card Type: Visa Master Card AMEX Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____



*Card
Identification
Number*



Card ID

Amount to Charge: _____ PO# or Reference#: _____

Signature: _____ Date: _____

Fax back to: (305) 592-8210 or E-mail to: info@atsmia.com

www.atsmia.com 7630 NW 63rd St Miami, FL 33166