



Credit Card Authorization Form

All fields on this form must be filled out completely.

Card Holder's Name: _____

Billing Address: _____

Card Type: Visa Mastercard AMEX Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____



Card
Identification
Number



Amount Authorized: \$ _____ **PO# or Reference #:** _____

Cardholder's Signature: _____ **Date:** _____

Fax back to **305-592-8210** or E-Mail to **info@atsmia.com**



7630 NW 63rd St Miami, FL 33195
Phone: 305-594-0797
www.atsmia.com