

ATLANTIC SCREEN & MANUFACTURING, INC.

CREDIT CARD PAYMENT AUTHORIZATION

I, _____,
understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Atlantic Screen Manufacturing, Inc. in writing of any changes in my account information or termination of this authorization in writing prior to purchases. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. You may cancel this authorization at any time by contacting us in writing. This authorization will remain in effect until canceled.

Cardholder Signature: _____ Date: _____

Printed Name: _____

BILLING INFORMATION

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____

Email: _____

CREDIT CARD INFORMATION

Card Type: Mastercard VISA

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ CVV #: _____ Cardholder ZIP: _____



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