

1455 Old Alabama Rd Suite 195-B

Atlanta, GA 30076 Phone: (404) 496-6841

Fax: (404) 920-2885

## **CREDIT CARD AUTHORIZATION FORM**

## RETURN THE COMPLETED AND SIGNED FORM VIA FAX TO 404.920.2885

| Billing Contact Information   |       |                 |          |         |
|---|-------|-----------------|----------|---------|
| ONTACT FIRST NAME CONTA   |       | NTACT LAST NAME |          |         |
| COMPANY NAME EN   |       | EMAIL ADDRESS   |          |         |
| TELEPHONE NUMBER FA   |       | FAX NUMBER      |          |         |
|   |       |                 |          |         |
| Billing Address   |       |                 |          |         |
| Address (Line 1)  |       |                 |          |         |
| Address (Line 2)  |       |                 |          |         |
| Сіту  | STATE |                 | ZIP CODE | COUNTRY |
|   |       |                 |          |         |
| Credit Card Information   |       |                 |          |         |
| Name on Card  |       | Type of Card    |          |         |
| CREDIT CARD NUMBER  |       | EXPIRATION DATE |          |         |
| CVV2#   |       | BILLING ZIP     |          |         |
| I HEREBY CONSENT TO THIS CREDIT CARD TO FOR PAYMENT OF ALL INVOICES BY QIIGO. |       |                 |          |         |
| Signature of Authorized User  |       |                 | DATE     |         |