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## **CREDIT CARD AUTHORIZATION FORM**

- To prevent the unauthorized use of your credit card, Advanced Screenworks, LLC requires this authorization form to be completed.
- Print this form
- Authorize the charges to your credit card by filling out the information and signing below. Fax signed form to 678-288-7924 or e-mail to <u>LS@AdvancedScreenworks.com</u>. No coversheet is required.

ASW Sales Order#/Invoice #		Amount			
		\$			
		\$			
		\$			
		\$			
Cardholder Name:					_
Billing Street Address:					
Billing City, State, Zip	. <u></u>				
Phone Number:	. <u></u>				
Credit Card Type:	AMEX	VISA	MC	DISCOVER	(Circle one)
Credit Card Number:	. <u></u>				
Expiration Date:	. <u></u>		CVV/	Security Code:	
Cardholder Signature:	. <u></u>				
Today's Date:					