



**ATP**

7924 Forest City Road  
Suite 210  
Orlando FL 32810  
FOREST CITY ROAD OFFICE  
Phone: 407 522 4480  
Fax: 407 522 4481  
E-mail: caribstore@atpbs.com

## Credit Card Authorization Form

I, \_\_\_\_\_ hereby authorize ATP Business Solutions Inc , to charge my credit card account in the amount not to exceed \$\_\_\_\_\_.

VISA     MASTERCARD     DISCOVER CARD

Credit Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ VID CODE \_\_\_\_\_ (last 3 number at back of card)

### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ — \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ — \_\_\_\_\_

### For Customer who are ordering products

### Requested Shipping Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_

Zip Code: \_\_\_\_\_ — \_\_\_\_\_ Country :(if not US) \_\_\_\_\_

Telephone(    ) \_\_\_\_\_ — \_\_\_\_\_

Sign: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX BACK TO 407 522 4481**

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. ATP will keep all information entered on this form strictly confidential.**