

Attn: \_\_\_\_\_



**ATLANTA WHEELS**  
**AND ACCESSORIES**

**1668 Sands Place SE — Marietta, GA 30067**

**Phone: (770) 955 - 8535 or (800) 453 - 6247**

**Fax: (770) 955 - 8646 (Accounting)**

Please **fax** this sheet and a copy of your credit card to **(770) 955 - 8646**. If you have not already uploaded or sent a copy of your driver's license, please do so now.

**Do not upload or email this form. Please only fax.**

**Credit card authorization sheets submitted without a copy of your driver's license and credit card will not be processed.**

## **Credit Card Authorization**

(Please Print or Type)

**I hereby authorize the use of the credit card below for purchases. I request that my signature and information be kept on file as purchasing authorization. I also authorize the use of the below card information for any unresolved past due payments.**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Name on Card**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Billing Address**

\_\_\_\_\_  
**Shipping Address**

\_\_\_\_\_  
**Primary Phone Number**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Credit Card Type**

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Security Code**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**Date of Birth**