



Credit Card Authorization form

Date : _____

**FAX TO:
678.559.0307**

Contact Name: _____

Company Name: _____

Phone: _____

Billing Address (for your credit card): _____

Invoice number: _____ (if applicable)

Amount to charge to card number below: \$ _____

Credit Card # _____

expiration date: _____

I, _____ Authorize Georgia Promotions to charge the
credit card above for the total shown above for goods or services provided by
Georgia Promotions.

Signature X _____

Date ____ / ____ / ____

For Georgia Promotions Only:

Credit Card charged date: ____ / ____ / ____ Amount \$ _____

Invoice number _____ Batch number _____