



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize **Atlantic Plumbing Supply** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Keep my card on file to be charged in case of a past due amount: Yes No

Copy of receipt either emailed or faxed: Yes No email/fax# _____

Cardholder – Sign, Date and Print Name Below:

Signed: _____

Dated: _____

Name: _____

702 Joline Avenue
Long Branch, NJ 07740
P. 732-229-0334
F. 732-229-7948

2810 Highway 37 East
Toms River, NJ 08753
P. 732-929-0400
F. 732-929-8747

526 North Ave. East
Westfield, NJ 07090
P. 908-233-4567
F. 908-233-5182

543 Wrightstown-Sykesville Rd.
Wrightstown, NJ 08562
P. 609-724-0095
F. 609-724-0091