



4740 Ridge Dr. Suite C
Salem OR 97301
(503) 540-0777 F: (503) 540-0999

Credit Card Authorization Agreement

Today's Date: _____

Card Type: Visa Mastercard American Express Discover

Group or Corporation: _____

Name as it appears on the card: _____

Billing Address of Credit Card: _____

Phone Number: _____

Credit Card Number: _____ Exp. Date _____ CVC# _____

Job#/Invoice#: _____

Amount of Authorized charge: \$ _____

_____ One-Time Charge _____ Keep on file for all future purchases

I hereby authorize Advanced Tower Components, Inc. to charge the above credit card for the U.S. dollar amount specified above.

Credit Card Holder Signature

Please Print Name

*Please fax to (503) 540-0999 or email to michelle@advancedtowercomponents.com