3595 Clearview Parkway Atlanta Ga 30340 T 770.457.5450 F 770.457.5453 E: info@goemdee.com

Credit Card Authorization Form

Date: _____

Company Name: _____ Contact Name:_____

Tel: _____ Fax:_____ Email:_____

Order / Invoice # _____ **Amount to charge:** _____

Card Type: □ Amex □ Discover □ Mastercard □ Visa **Is this a debit card?** □ Yes □ No

Account # : _____

Expiration Date: _____ Security Code:_____

Name on Card:_____

Credit Card Billing Address:

Street address_____

City: _____State _____ Zip _____

I the cardholder, authorize Emdee International to charge the above payment. I agree to pay this amount in full and understand that this payment is FINAL and no charge backs will be allowed.

Authorized Signature of Cardholder

☐ Check this box if you would like us to keep this card on file for future orders

Please note we are waiving the 3% credit card surcharge at this time.