



P.O. Box 44191 Atlanta, GA 30336-1191 Phone: 404.213.4991 Fax: 877.389.4701 Email: info@articdesigns.com

Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic or one-time billing, simply complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at billing@articdesigns.com

Please complete and fax to: 1.877.389.4701

Customer Name: _____

Phone Number _____

I authorize ARTIC DESIGNS, INC. to bill the card listed below as specified:

Amount: \$ _____

Frequency: Weekly__ Monthly__ Quarterly__ Annually__ One Time Billing__ (Check Only One)

Start billing on: ___/___/___ End billing when: ___/___/___

ARTIC DESIGNS, INC. accepts the following credit cards: VISA, MasterCard, DISCOVER, American Express

Name as it appears on the card _____

Credit Card Type: _____ (Ex: VISA, MASTERCARD, Etc?)

Credit Card Number: _____

Expiration Date: ___/___/___

Mailing address where you get your credit statement: _____

Customer's Signature: _____

Date: ___/___/___