

Credit Card Payment Form

Kindly complete the form by filling in the fields and signing. Then fax to AMP, Inc. at 770-451-3475. We cannot accept electronic submissions. *Please note that a 3% service charge will be accessed on all credit card payments. Payment via electronic check/ACH does not incur a service charge.

Company Name: _____

Invoice #: _____ Amount Agreed: \$ _____

Cardholder Name: _____

Cardholder billing address: _____

City _____ State _____ Zip Code _____

Credit Card #: _____

Expiration Date: _____ Security Code # _____

Type of Card: Visa Mastercard AMEX (4%)

Please initial, sign and submit with your invoice

_____ I have read and understood all terms and conditions. My signature below constitutes acceptance of those terms.

Cardholder's Signature: _____ Title: _____

Printed Name: _____ Date: _____

