CREDIT CARD AUTHORIZATION

admin@atlascraneinc.com

702-247-6161

Las Vegas, Nevada

CUSTOMER AND PAYMENT DETAILS

Customer / company name

Customer account number

Amount authorized ($)

Invoice number(s)

Attach remittance details if additional invoice space is needed.

CARD DETAILS

CARD TYPE ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card number (secure submission only)

Expiration (MM/YY)

Cardholder name

Billing street address

Billing city

State

ZIP code

AUTHORIZATION

I authorize Atlas Crane Inc. to charge the amount shown above to the payment card identified on this form for the referenced invoice(s). I acknowledge receipt of the goods or services associated with those invoices.

A 3% fee applies to keyed credit card transactions, as stated on the original authorization form. Any fee will be applied only where permitted by applicable law and card-network rules.

May Atlas Crane securely retain your payment method for future authorized charges?

☐ Yes ☐ No

Contact name and phone

Email receipt to

Authorized signature (type full name)

Date

SECURITY NOTICE

Do not email a completed form containing a full card number. Submit payment information only through an approved secure channel. For your protection, do not enter or retain a card security code (CVV) on this form.

Original form retention policy: forms are retained for six months and then destroyed unless recurring billing is authorized.