



**CREDIT CARD AUTHORIZATION**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email\* \_\_\_\_\_  
Web Address: \_\_\_\_\_  
Sales Tax Id # (Required) \_\_\_\_\_

Cardholder Name (as it is on the card): \_\_\_\_\_  
Billing Address of Card: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I authorize The Georgia Marketing Group, Inc. to charge to my:  
 Visa       MasterCard       American Express

**Card Number:** \_\_\_\_\_

**Expiration Date On Card:** \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. All bills become payable in full on the 11th day. If not paid by the 30th day, they are considered past due.
2. A service charge of 2% per month (with a minimum financial charge of \$2) WILL be added to all amounts billed if not paid by the due date. You will also be liable for any collection and legal fees incurred.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
4. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Note: we will not sell, share, give, or otherwise use your information for any purpose other than keeping you informed on our current products.