



6175 HICKORY FLAT HWY, STE 110-174
CANTON, GA 30115
PHONE 770-924-4431
FAX 770-924-4321

CREDIT CARD AUTHORIZATION FORM

Sales Order Number _____

Customer Name & Address _____

Purchase Order Number _____

Amount _____

Credit Card _____

Name on Credit Card _____

Billing Address of Credit Card _____

Expiration Date _____

AUTHORIZED Signature _____

Applied Handling Systems only accepts Mastercard & Visa. Please sign and fill in information and return to fax 770-924-4321 or scan and email to accounting@appliedhs.com. *For orders with Freight PPA – freight will be charged separately. This form authorizes a separate charge of freight.*
