



CREDIT CARD PERMISSION

The corporate account and/or cardholder listed below hereby agrees to give A.T. Distribution, Inc. (ATD) the permission to apply purchases, shipping/freight, and/or handling charges whichever may apply to the below listed account. The use of this card will be for orders placed via phone and/or fax to be shipped the day the order is placed, provided inventory and time allowing shipment processing. The corporate account and/or cardholder listed below requesting the pick-up of any order placed via phone and/or fax must present identification providing proof of authorization or arrange another form of payment. Only the cardholder and/or authorized company official(s) are allowed to purchase on the below listed card. Any other user name(s) and identification must be provided with this form. The shipping address, if different from the billing address of the below listed card must be confirmed with each individual order, provided by the cardholder via fax.

Customer Name:	
Cardholder Name:	
Card Type: (Circle One)	<input type="checkbox"/> Visa / <input type="checkbox"/> Mastercard / <input type="checkbox"/> AMEX
Card Number:	
Expiration Date:	
Billing Address:	
Shipping Address:	

Authorized User	Name:	DL:	Signature:
Authorized User	Name:	DL:	Signature:

I have read and understood the policy stated above governing credit card permission.

Cardholder Signature:	Date:
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Please include a copy of a photo ID for each authorized user of this account.