

PAYMENT METHOD

Credit Card Visa MasterCard AMX Other _____

Card Number _____

Exp. Date _____

MM / YY

Billing Zip Code

CVV

The completed form will be destroyed when payment is processed.

ORDER INFORMATION

Invoice No. _____ Amount \$ _____

Order Description _____

BILLING INFORMATION & AUTHORIZATION

Member ID _____

First Name _____ Last Name _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Email Address _____

Authorized Signature _____ Date _____

SHIPPING INFORMATION

First Name _____ Last Name _____

Company _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

FOR NAMC USE ONLY

Processed By _____ Date _____

Confirmation _____ Receipt Emailed _____

RETURN VIA FAX OR EMAIL COMPLETED FORM TO 866-908-6327 OR INFO@NAMCATLANTA.ORG