



Atlas Dowel & Wood Products Company

Credit Card Payment Request Form Please complete and return via fax or Email

Date of Request _____/_____/_____

Company Name _____

Name on Credit Card _____

Address Credit Card Bill
Is Being Sent To _____
(Address) (Zip Code)

City/State _____

Contact Name _____

Contact Phone Number _____

E-mail Address (optional) _____ (for delivery of receipt)

Credit Card Type    

Credit Card Number _____

Expiration Date _____ / _____ Security Code _____
(Month) (Year)

Invoice Numbers _____

The authorized cardholder's signature shows agreement with this company to process the above invoice(s)/order(s) for payment, as per the credit card payment terms.

Authorized Cardholder's Signature _____

Please complete form and return via fax to (513) 202-0942 or
email to aldow@atlasdowel.com