



HTPG

3885 Crestwood Pkwy, Suite 500
Duluth, GA 30096
TEL: (678) 323 - 4928
FAX: (678) 323 -4920

Credit Card Processing Form

Customer Number _____ Date: _____

Circle Brand: ColdZone - Kramer - Russell - Witt

Sales Order	Invoice Number	Purchase Order	Dollar Amounts
Surcharge			
Shipping/Handling			
Tax			

*PLEASE FORWARD RESALE CERTIFICATE WITH PAYMENT IF ANY

Card Type: Visa Mastercard American Express

Card Number (last 4 digits only) _____

Expiration Date _____

Card Holder Name _____

Card Holder Billing Address _____

Card Holder City/State/Zipcode _____

Authorizing Signature _____

Name & Title _____

Fax _____

Telephone # (required) _____

Email (For Copy of Receipt) _____

When sending your authorization form by Email or Fax, please do not fill in your entire credit card #. Please give us only the last 4 digits and we will call you at the # you listed above for the remaining credit card information.

This is required for your protection, in the event that either email server is compromised.