

POLYGREEN SOLUTIONS, LLC

500 Sugar Mill Road
SUITE 260A
ATLANTA, GEORGIA 30350
www.polygreensolutions.com
Fax: 770.481.0011
customerservice@polygreensolutions.com

CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize Polygreen Solutions, LLC, to charge for my invoice using my credit card as follows:

AMEX / Discover / Master Card / Visa (circle one)

Credit Card number _____ (_____), (CSV last 3 digits on back)

Expiration: ____ / ____ in the amount of \$ ____.
(Month) (Year)

Name (as printed on card): _____

Address where bills are sent: _____

_____ Zip: _____

Telephone No: _____ Fax No: _____

Date signed: _____ Signature: _____

PLEASE RETURN THIS FORM BY FAX TO (770) 481-0011

WITH A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD.

Thank you!