



## Credit Card Payment Form

Date: \_\_\_\_\_

Please charge my credit card in the amount of: \_\_\_\_\_

American Express     Master Card     Visa

Credit Card #: \_\_\_\_\_

\*CVV2 Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

*\*This is the three or four digit number printed on the back of the card.*

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### For Office Use Only

Invoice #: \_\_\_\_\_

ATI Job #: \_\_\_\_\_

Approval: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Send to: InstallationMasters™ Program Administrator  
130 Derry Court, York, PA 17406-8405  
Phone: 717-764-7700  
Fax: 717-764-4129

[installationmasters@archtest.com](mailto:installationmasters@archtest.com)  
[www.installationmasterscommercial.com](http://www.installationmasterscommercial.com)