

SANDLERSEATING

Credit Card Payment Form

File Number (US#)	
File Name	
Credit Card Type (VISA / MASTERCARD / AMEX)	
Name on Card	
Card Number	
Expiration Date	
Security Code	
Billing Zip	
Amount of Payment	
Email Address Receipt	

**** 2% service fee on payments above \$5,000.00**

(applied to the difference only) **

1201 Peachtree St., Ste 1625
Atlanta, GA 30361
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404.321.7882 fax