



Credit Card COD Form

We accept Visa, MasterCard and American Express.

Please complete the form below and fax to our credit department at 770-448-0384.
Direct any payment questions to Jim McCain at 770-448-7446 x16.

Note: Final payment is due at time of sign installation or customer pick up.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Credit Card: ___ Visa ___ MasterCard ___ American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

A-1 Signs, Inc. is authorized to charge the amount due on the following invoices:

Invoice # _____ Deposit \$ _____

Invoice # _____ Balance \$ _____

I authorize A-1 Signs, Inc. to process final payment upon project completion.

Print Name / Title: _____

Signature (as it appears on credit card): _____