



Credit Card Authorization Form
Terms and Conditions Acceptance

Please fax this form to 516-584-2742 or mail to the address below.

I authorize Atrium Educational LLC to charge the costs of all of services provided to the following credit card and also agree to be bound to Atrium's Terms and Conditions of Services:

Mastercard ☐

Visa ☐

American Express ☐

Expiration Date: (Month) _____ (Year) _____ CID _____ (Optional)

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CREDIT CARD NUMBER

NAME AS IT APPEARS ON THE CREDIT CARD (PRINT)

CARDHOLDER'S BILLING ADDRESS AS LISTED WITH CREDIT CARD COMPANY

CITY

STATE

ZIP CODE

Cardholder's Signature _____ Date _____

OPTIONAL:

Telephone Number: _____ () _____

Fax Number: _____ () _____

By signing above you authorize Atrium Educational LLC to charge all services to your credit card in accordance with the terms and conditions of the credit card agreement. Atrium may process charges incurred periodically until such time as this authorization has been withdrawn by the card holder. You also agree to be legally bound to Atrium's Terms and Conditions of Services which is available upon request or on our website.

ATRIUM EDUCATIONAL LLC - 485 UNDERHILL BLVD. SUITE 107 - SYOSSET - NY - 11791
TEL 516-584-2741

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