CREDIT CARD		OFFICE USE ON
UTHORIZATION WE ACCEPT:	Terms	Date
V/SA ¹ MasterCards	ACC Limit	Initials
AMERICAN EXCRESS	ATLANTIC COAST COTTON Print It. Embroider It. Wear It. TEAM #	:
Jse this form to authorize ACC to arge purchases to your credit card.		
Please tell us about your company:		
	ACC Acct. No	
	Phone	
Street		
City	State	Zip
Type of Business	How did you here about us?	
Name on Card	Card Number	
Expiration Date Address where credit card statement is	Card Number	
Name on Card Expiration Date Address where credit card statement is	Card Number Issuing Bank	
Name on Card Expiration Date Address where credit card statement is Street City	Card Number Issuing Bank mailed to: Phone	Zip
Name on Card Expiration Date Address where credit card statement is Street City	Card Number Issuing Bank s mailed to: Phone State out on this credit card(Y/N)?	Zip
Name on Card Expiration Date Address where credit card statement is Street City Do you want ALL of your purchases p Registered online(Y/I A PHOTOCOPY OF THE THE DRIVER'S LICENSE	Card Number Issuing Bank s mailed to: Phone State out on this credit card(Y/N)?	Zip CARD AND ED BEFORE
Name on Card Expiration Date Address where credit card statement is Street City Do you want ALL of your purchases p Registered online(Y/I A PHOTOCOPY OF THE THE DRIVER'S LICENSE ATLANTIC COAST COTT	Card Number Issuing Bank mailed to: Phone State put on this credit card(Y/N)? N)? FRONT AND BACK OF THE CREDIT E OF THE CARDHOLDER IS REQUIRE	Zip CARD AND ED BEFORE RD CHARGE e the cost of suc

Cardholder's Signature

Date

ATLANTIC COAST COTTON

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