



[We hear you.]

METRO ATLANTA RESOURCE GUIDE

CREDIT CARD INFORMATION

Credit Card Number: _____
Expiration Date: _____
Cardholder Name: _____
Street Address: _____
City: _____ **State** ____ **Zip Code:** _____

CREDIT CARD TYPE *(Please circle)*

MasterCard

Visas

American Express

Discover

Signature: _____

Quantity _____ **X \$18 =** _____

Order by phone (404) 614-2908

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City: _____ **State:** _____ **Zip:** _____

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