



Date: _____

CREDIT CARD AUTHORIZATION FORM

Customer Information

Customer Name: _____

Card Holder Name _____
if different than company name

Customer Contact: _____

Customer Phone#: _____

Email address where you would like receipt sent: _____

Card Information

Account Type: MasterCard Visa Discover AMEX - 15 digits

Credit Card #: _____

Expiration Date: _____

Security Code: _____
3 digit number on the back of Visa / MC; 4 digits on front of AMEX

Billing Address: _____
_____ City State Zip Code

Invoice Information

Cust ID & Name: _____

Customer PO #: _____ WCI's SO #: _____

Invoice #: _____ AMOUNT \$: _____

Special Instruction: _____

FOR WCI FINANCE USE ONLY

Entered: _____ Date: _____

Please complete and email back to ar@westcoastindustries.com.