



268 W Orange Show Lane
San Bernardino, CA 92408
800-227-4877 Fax: (909) 888-2378
WWW.WCSDISTRIBUTINGINC.COM

Credit Card Authorization Form

I, _____, hereby authorize WCS Distributing Inc, to charge my credit card for the amounts invoiced.

Customer Company Name: _____

Visa / MasterCard only

Credit Card Number: _____

Expiration Date: ____/____

CVV Code: _____

Name on Credit Card: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____ - _____ Country: _____

Telephone: () _____ - _____

Fax: () _____ - _____ **(a fax number or email is required)**

Email: _____

Cardholder's Signature: _____

Date: _____

As the credit card holder, I also authorize WCS Distributing Inc, to charge my credit card for future purchases verbally (or written) approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. WCS Distributing Inc will keep all information entered on this from strictly confidential.