



# CREDIT CARD AUTHORIZATION FORM

**\*\*\* IMPORTANT!\*\*\***

THE BELOW INFORMATION IS NECESSARY TO EXPEDITE YOUR CREDIT TERMS APPLICATION

OFFICE USE ONLY	
EWF CUSTOMER ACCOUNT #	SALESPERSON

<b>TYPE OF CARD:</b> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/>			
COMPANY NAME		BILLING NAME AS IT APPEARS ON THE CARD	
CARD NUMBER	EXPIRATION DATE (MM/YY)	CVC CODE	
BILLING ADDRESS			
CITY	STATE	ZIP	FAX

**Amount of Charge Authorized Herein: \$** \_\_\_\_\_

**Sales Order/Invoice(s) # covered by this charge** \_\_\_\_\_

**The Undersigned:**

- Does hereby authorize the charge by Eastern Wholesale Fence LLC, in the amount stated above;
- States that he/she is the card holder in good standing of the card offered in payment to EWF;
- States this amount is owed and there is no credit to this charge whatsoever;
- Agrees that full consideration has been given for this charge and this is full and final settlement of the sales order/invoice stated above and no claim or offset now or in the future shall be brought against this credit card charge;
- Agrees not to revoke, reverse or challenge the charge for any reason.

**As agreed:**

In accordance with the terms and conditions of the card issuer and the above:

**SIGNATURE (CARD HOLDER)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME (CARD HOLDER)** \_\_\_\_\_

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**PLEASE MAKE SURE EVERYTHING ON ALL NECESSARY PAGES IS FILLED OUT BEFORE FAXING YOUR APPLICATION**

