



Credit Card Authorization Form

Name of Cardholder (as shown on card): _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____

Card Type:
(Check One)



Visa



Mastercard



Amex



Discover

Card Number: _____

Expiration Date: _____ (mm/yyyy) Card Verification # (CVN): _____

For Visa, MC and Discover the CVN is the 3-digit number found on the back of your card.



For Amex, the CVN is the 4-digit number found on the front of your card.



Estimated Amount of Charge: \$ _____

I hereby authorize the above card to be charged for the services provided by Western Shield Label Company. I further understand, that the amount indicated above is an estimate. Final charges are subject to a plus or minus 10% over-run or under-run, as well as any set-up charges, freight, and any applicable taxes.

Signature of Cardholder

Date

For Office Use Only Authorization Code: _____ By: _____ Date: _____ Ticket No. _____
