



# Credit Card Authorization Form

Name of Cardholder (as shown on card): \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate if using a Debit Card

Card Type:  
(Check One)

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	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 Charges: \$ \_\_\_\_\_

\*Includes Acknowledgement, Freight and Applicable Taxes, 10% + or - over-run or under-run.

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 will be charged accordingly upon shipment of order. (Price May Differ from\*Estimate).

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date