

CREDIT CARD AUTHORIZATION FORM

AUTHORIZATION TO CHARGE CREDIT CARD

Credit Card Type: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Customer Name: _____ Customer Acct #: _____

Cardholder Name: _____ (Exact name as it appears on credit card)

Billing Address: _____ State: _____ Zip code: _____

Cardholder Phone Number: _____ E-mail: _____

Credit Card Number: _____

Expiration Date: _____ / _____ (mm/yy) Security CVV Code: _____

Check here if you authorize WURTH WOOD GROUP to securely save your credit card number to your account for future purchases and/or transactions.

Amount to Charge: \$ _____ (USD)

Apply Payment towards account OR Apply Payment towards Sales Order # _____

AUTHORIZATION

I authorize WURTH WOOD GROUP to charge my credit card as directed above. I agree that I will pay for this purchase in accordance with the issuing cardholder agreement and will not dispute the charge. I certify I am the cardholder and all information above is complete and accurate. This agreement will remain in effect unless I provide written revocation to Wurth Wood Group.

CARDHOLDER – Print Name, Sign, and Date Below:

Signed: _____

Date: _____

Name (Print): _____

Once signed return the completed form to:

WURTH WOOD GROUP

Contact:

Secure Fax Line:

Email:

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