

Authorization for Credit Card Use

Complete this authorization and return to:

Western Window Coverings, Inc.

4350 W Corrine Drive

Glendale, AZ 85304

Or

Email to: orders.westernwc@gmail.com

Fax to: (602) 843-3642

Name on Card: _____

Billing Address: _____

Credit Card Type: ____ Visa ____ Mastercard ____ Discover ____ AmEx

Credit Card Number _____

Expiration Date: _____ 3 Number Security Code: _____

Please choose one of the options below:

- Run credit card at time of invoice with no notification needed.
- Contact me first before running the credit card.

I authorize "Western Window Coverings, Inc." to charge purchases owed to the credit card provided in this authorization.

Cardholder's Signature: _____

Date: _____

Print Name _____