## **Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Credit card and driver's license or government-issued ID must be presented by the cardholder to pick up merchandise.

<b>Customer Information</b>			
Name:	Company:		
Billing Address			
City:	State:	Zip Code:	
Shipping Address (if differen	nt from Billing Address)		
Street Address:			
City:	State:	Zip Code:	
	Fax:		
Credit Card Information			
Card Type:   MasterCard  Other		□ AMEX	
Cardholder Name (as shown	on card):		
Expiration Date (mm/yy):	C	CVC:	
I,credit card above for agree	, authorize Westside Fence Co ed upon purchases. I understand ransactions on my account.	., Inc. to charge my	
Customer Signature	Date		