



Western Grinding Co., Inc.

PO Box 764739
Dallas, TX 75356-4739
(214) 631-3090 Fax (214) 631-7931

CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS

- 1) Fill in all blank fields
- 2) Cardholder must provide signature for charges to be paid with the detailed credit card
- 3) Provide an email address to receive the transaction receipt (if requested)
- 4) Please fax completed Authorization Form to (214) 631-7931

CREDIT CARD INFORMATION

Name as it appears on credit card:

Billing Address:

City:

State:

ZIP Code:

Phone:

Fax:

Credit Card Type: (circle one)

Visa

MasterCard

American Express

Credit Card Number:

Three Digit Security Code (4 digit code for Amex):

Expiration Date:

Do you want an emailed credit card transaction receipt? (circle one)

Yes

No

E-mail:

AGREEMENT

I, the undersigned, hereby authorize Western Grinding Co., Inc. to charge the credit card above for the charges listed below. I understand that the charge will appear on my statement as from Western Grinding Co., Inc. in Dallas, TX.

AUTHORIZATION

Amount authorized to charge: \$

Signature:

Printed name:

Date:

For Office Use Only

Date Processed:

Invoice(s) Paid: