



Credit Card Payment Authorization Form

Company Name: _____

Company Address: _____

Phone: _____ Fax: _____

Credit Card: Visa _____ MC _____ AMEX _____ Discover _____

Card Number: _____ Exp Date: _____ Security Code: _____

Card Holder Name: _____

Billing Address: _____

I authorize WCA, Inc. to charge my card as follows:

Amount: _____ (\$5000.00 Max) Buyer Number: _____

Authorized Signature: _____

Date: ___/___/___

Upon Completion, please fax or e-mail this completed form along with copies of your credit card (front & back) AND photo identification (i.e. driver's license, state ID, etc.) to the fax or e-mail below.

Thank You,

WCA, Inc.
2021 Goetz Road
Perris, CA 92570
(951) 490-0149
(951) 490-4390 - fax
(951) 231-2586 - Secure fax
finance@wca-online.com