



Credit Card Payment Authorization Form

Company Name/Personal Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I authorize WCA, Inc. to charge my card as follows: (5% Fee will be added to your purchase)

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

Authorized Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

For your protection and ours, upon Completion, please 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 e-mail below. We cannot process your card with identification.

Thank You,

WCA, Inc.
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Perris, CA 92570
(951) 490-0149
Pamela@wca-online.com