

Atlantic Wholesalers West, Inc.

4614 Whittier Blvd. Los Angeles, CA 90022 TEL: (562) 912-1367 FAX: (562) 667-2172

Credit Card Charge Authorization Form

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential. If you want us to ship your order to an address different from your billing address, you can call your bank and add the second address as an authorized alternate shipping address.

Directions:

1. Fill out and print or print the blank form and complete the entire form legibly with a dark pen. Card holder must sign on the line indicated. We reserve the right to verify the provided information with your Credit Card issuing
2. Include a photocopy of the front and back of the signed credit card.
3. Fax (562) 667-2172 or scan and email to sales@deltawheel.com the completed form and photocopies of the credit card to complete your order.

Billing Address:

Name _____
Company _____
Address _____
City _____ State ____ Zip Code _____
Country _____
Phone _____
E-Mail _____

Shipping Address:

Name _____
Company _____
Address _____
City _____ State ____ Zip Code _____
Country _____
Phone _____
E-Mail _____

Credit Card Information

*CVV is the last 3 digits on the back of your card. For AmEx it's the 4-digit code on the front side.

Credit Card #: _____
CVV: _____ Bank Name _____

Expiration Date: ____/____/____
Bank Phone _____

I (cardholder's name) _____ hereby authorize **Atlantic Wholesalers West, Inc.** to charge my credit card in the amount of: \$ _____.
For **Atlantic Wholesalers West, Inc.** Invoice # _____
(Top right corner of invoice).

Name of Cardholder (as it appears on the card)

Signature of Cardholder

I agree to be bound by **Atlantic Wholesalers West, Inc.** Policies, terms and conditions, and instructions for this transaction.

I have read and understood Customer Return Policy and I agree to **Atlantic Wholesalers West, Inc.** Policy.

PLEASE FAX THIS COMPLETED FORM AND A PHOTOCOPY OF THE FRONT & BACK OF YOUR CREDIT CARD TO (562) 667-2172

ATTENTION (salesperson): _____