



Credit Card Authorization

COMPANY NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

TEL _____

FAX _____

NAME ON CREDIT CARD _____

ACCOUNT NO. _____

PLEASE CHECK ONE

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

EXPIRATION DATE _____

AUTHORIZATION CODE (3 OR 4 DIGIT CODE ON SIGNATURE STRIP) _____

I fully understand and authorize WEST, INC. to charge my credit card if my account with them becomes delinquent.

PRINT NAME

SIGNATURE

DATE