

CREDIT CARD AUTHORIZATION FORM (PLEASE KEEP ON FILE)		
Credit Card Number	(3/4 digit code)	
service is rendered. I undersand authorize WestFax, Inc. t	keep this credit card on file for payment after of stand that the amounts will vary from order to so charge my credit card after each order comple understand that I am obligated to pay the invo	order etes. I
Company Name:		
Card Holder Name:		
Card Holder Signature:		
Date:		
Billing Address: (same as cardholder)		
Phone Number for Card:		
Business Ph. Number:		
Confirmation Email Address:		

FAX ONLY TO 1-800-517-7363 PLEASE!

WestFax, Inc. 8085 S Chester St. Suite 270 Centennial, CO 80122