



CREDIT CARD AUTHORIZATION

I have agreed to purchase Fax Broadcast and/or related services from WestFax and will pay for these services with the following credit card:

Credit Card Number (3/4 digit code) _____ / _____
Expiration Date

Sale/Charge Amount: \$ _____

Apply this payment to invoice(s): _____

I understand this amount is being billed to my credit card for services rendered, and I am obligated to pay this amount in full. (WestFax does not keep credit card numbers on file, charges are made on a case- by-case basis only) Customer should fax a separate authorization form for each payment.

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!

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