

MASTER CREDIT CARD

WAREDACA CREDIT CARD AUTHORIZATION FORM

For all transactions up to \$1000: NO additional fee; transactions \$1000-\$1500: \$10 will be added;
transactions \$1500-\$2000: \$15 will be added

CARDHOLDERS NAME: _____
(PRINT CLEARLY)

BILLING ADDRESS:

STREET: _____

CITY STATE ZIP _____

CREDIT CARD

TYPE: _____

CREDIT CARD NUMBER:

EXP DATE: _____ CVV NUMBER: _____

AMOUNT TO CHARGE:

YOUR SIGNATURE:

PRINTED NAME:

EMAIL ADDRESS:

DATE: