

CREDIT CARD AUTHORIZATION FORM

For credit cards kept "ON FILE"

Company Name _____

I authorize Western Oregon Web Press, Inc. to charge my credit card for printing or other services rendered by Western Oregon Web Press, Inc. and received in good condition and/or adequate services, to this card:

Visa Mastercard *(Please check one)*

Card # _____ Expiration Date _____

for this amount \$ _____ Card on File

Please note:

THIS CARD WILL BE KEPT "ON FILE" AS OF _____ ONWARD:
Date

My (our) current address is:

Signed _____ Date _____

Please note:

If you are uncomfortable faxing your credit card number, please leave that information blank. Sign, date and fax (and/or mail) us this authorization form. We will enter that information for you over the phone, if you wish. Just call our office (541) 926-3000 and ask for bookkeeping. If you wish to change anything in regards to this at anytime, such as a different card number, please just call our office.

Thank you for your business!



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