



1200 Cobb Parkway North Ste 100B
Marietta, GA 30062-2418 USA

Tel: (770) 420-5272 ~ Fax (770) 420-5350

Standard Credit Card Authorization Form

Please Circle One

Credit Card Type: Visa Master Card American Express Discover Card Diners Club

Credit Card Billing Information

Name: _____ **Company Name:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Telephone: _____ **Fax:** _____ **Email:** _____

Credit Card Information

Credit Card Number: _____ - _____ - _____

Credit Card Expiration Date: _____ / _____ **CVV2 Code:** _____

User Authorization

I, (Your Full Name As It Appears Above) _____ certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I agree to pay in full & do hereby authorize WS1 International to collect payments for all charges of equipment, products, & services I purchase on my account using the credit card listed in this Authorization Form. This form is to remain valid through the expiration date of the card listed above, unless otherwise notified or revoked in writing from card holder.

Full Name: _____ Authorization Signature: _____

**PLACE FRONT COPY OF
DRIVERS LICENCE
HERE**

**PLACE FRONT COPY OF
CREDIT CARD
HERE**