**CREDIT CARD AUTHORZATION FORM**

**To process your credit card payment, please complete the following information and email the completed form to** [**accounting@wescancal.com**](mailto:accounting@wescancal.com)

**Credit card type (select one):** **Visa**  **Mastercard**  **Amex**

**Name & Billing Address**

**Company Name: **

**Name (as it appears on the card)** 

**Street Address:** 

**City:**  **Province:**  **Postal Code:** 

**Email address for receipts:** 

**Credit Card Details:**

**Card Number:**  

**Expiry Date:** 

**CVV Code**  (3 digits for Visa & M/C, 4 digits for Amex)

**Authorization (please select one option)**

1. **Single use (not retained on file – we will ask every time)**

**\* For single use, please indicate invoice number(s) to be processed in this transaction:**

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1. **Blanket authorization (retain (secured) on file for use each time an invoice comes due)**

**Date:**  **Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_