



CREDIT CARD AUTHORIZATION

The undersigned hereby gives Wayside Fence Company permission to charge the credit card listed below for transactions of purchases with Wayside Fence Company

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

Type of Card (circle one) Visa MasterCard Amex Discover

Name on Card: _____

Card BillingAddress: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

I GUARANTEE THE INFORMATION I GAVE IN THE ABOVE STATEMENT TO BE TRUE AND VALID

Signature: _____ Date: _____

Company Name: _____

Company Address: _____

Phone: _____

Fax: _____

Email: _____

IMPORTANT: THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD, AS WELL AS A COPY OF YOUR DRIVER'S LICENSE