



Credit Card Authorization Form

Please print out this form and fax to: 1-888-398-5070

Customer Name: _____

Cardholder's Name: _____

Type of Card:

VISA MASTERCARD DISCOVER AMEX

Card Number: _____

Expiration Date: _____ CVC Code (3 or 4 digit number on back of card) _____

BILLING ADDRESS (this address must match the credit card billing address exactly):

Street: _____

City, State & Zip: _____

Telephone: _____

Fax: _____

E-Mail: _____

I verify that all information is correctly provided, and that I, the undersigned, am the cardholder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse of the above indicated card. I hereby authorize WOLFE to charge my indicated credit card, without an imprint for no more than the amounts of:

US DOLLARS (FIGURES ONLY) \$ _____

US DOLLARS (WORDS ONLY) _____

Plus, any shipping and handling charges as imposed by WOLFE.

I understand that WOLFE still reserves the right to request the front and back copy of my card, and/or of my driver's license should further verification and authenticity of the cardholder be required. Cardholder also agrees not to request any charge backs on the credit card until any disputed matters are resolved with WOLFE. No charge backs will be made until disputed matters are also resolved with the salesperson that has undertaken this sale.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by WOLFE.

Cardholder's Signature: _____

Date Signed: _____