



CREDIT CARD AUTHORIZATION

(To avoid delays please print clearly)

Wild Side West, Inc.
311 Parkside Drive
San Fernando, CA 91340
Phone: 818-837-5000, Ext. _____ Fax: 818-365-6667

Attn: _____ **Customer #** _____

E-mail _____ **Primary contact** _____

Cardholder's Billing Information

Company Name & Address (check box if same as billing info)

Name _____
(As it appears on the card)

Name _____
(If different from the cardholder's name)

Address _____

Address _____

City _____

City _____

State, Zip _____

State, Zip _____

Home Phone () _____

Company Phone () _____

Cell Phone () _____

Alternate Phone () _____

I authorize Wild Side West, Inc. to ship products to the following address and to bill my credit card.

Ship To: _____ **Ship To:** _____

To Wild Side West, Inc.:

This is to advise you that you are authorized to accept telephone orders from our business, charge the cost of such orders to my credit card account, and ship the merchandise to either of the addresses shown above.

I would like all of my orders billed to my credit card. YES **NO** (Please check one box)

Card Number _____ **Exp:** _____

Name of card issuer (bank/credit union...) _____

Credit/Debit **Pre-Paid CC** **Visa/MasterCard** **Discover Card** **American Express**

3-Digit Security number located on back of card (Visa, M/C, Discover): _____

Amex 4-Digit Security Number located on front of card: _____

Card Holder's Signature **

Date Signed **

****Must have cardholder's signature and be dated to be valid**