

## **CREDIT CARD DEPOSIT FORM**

or Fov: (EG2) 006 1267

• Please provide a copy of the credit card, and a valid photo ID.

Disease semplete and smail to: ar@west

Client Code#:		Date:
Customer Name:		
Type of Credit Card:	Name on Credit Car	d:
Credit Card Number:	Expiration Date:	Security Code:
Billing Address:		(AMEX =4 Digits, VISA/MC=3 Digits)
City:	State:	Zip Code:
	PAYMENT FOR INVOICES  Western Overseas Corporation ("WOC") to charge the creapplicable invoices and for the credit processing fee lister	
Invoice Number		<u>Amount</u>
	· · · · · · · · · · · · · · · · · · ·	\$
	<del> </del>	\$
		\$
Total Invoice Amount:		\$
Processing Fee: 2.7% - VISA/MC, 2.95% - AMEX)		\$
Transaction Total:		\$
Form (the "Form") now or at any time in the future expense (including attorney's fees), and/or dama WOC's processing of the credit card transaction(	they might otherwise have to dispute the credit card trans e. Moreover, Customer and cardholder jointly agree to incape of any kind that WOC may incur as a result of a credit s) described in this form. Should the credit card transactio full transaction total listed above shall become due and onination of this form.	demnify and hold harmless WOC for any loss, card charge back or other dispute arising from on(s) described in this Form be disputed by
*CARDHOLDER'S SIGNATURE		*DATE
hereby authorize Western Overseas Co	orporation to keep the above credit card inforn	nation on file for future payment processi
ARDHOLDER'S SIGNATURE		DATE