



CREDIT CARD AUTHORIZATION FORM

48WS.com LLC, (48WS®), accepts



Email completed form to: **Accounting@48WS.com**

or Fax to: **657-444-0531**

For any 48WS Monthly Agreements, credit card is set up to be charged on the 1st of each month.

Name _____

Company _____

Billing Address _____

City/State/Zip _____

Phone _____ E-mail _____

Amount \$ _____

Signature _____ Date _____

48WS® complies with the PCI Data Security Standard. After your payment is entered into our merchant payment gateway, the bottom part of this document is removed and shredded. No credit card numbers, verification codes or expiration dates are kept at the 48WS® office in paper or electronic format. If changes are made to your credit card information or the dollar amount of your recurring transaction changes we may require you to fill out this form again with the new updated information.

Card # _____

Exp. Date _____ Card Code _____