

CREDIT CARD AUTHORIZATION OR CHECK APPROVAL FORM

Business Name _____ Resale # _____

Name _____

Address _____

City _____ State/Country _____ Zip Code _____

Telephone _____ Fax _____

Email: _____

Driver's License/Passport # _____ State/Country Issued _____ Exp. Date _____

Visa/MasterCard Number _____

Exp. Date _____ CCV _____

Billing Address: _____

City _____ State/Country _____ Zip Code _____

BANK REFERENCES (FOR CHECK APPROVAL ONLY)

Bank Officer _____ Bank Officer _____

Account Number _____ Account Number _____

Bank Name _____ Bank Name _____

Address _____ Address _____

Telephone/Fax _____ Telephone/Fax _____

I acknowledge that I have read the Terms & Conditions of Sale in the front of the catalogue or online and understand that they apply to any successful bid that I place.

Signature _____ Date _____

Please fax this form to 202.628.2366 or email billing@weschlers.com