



CREDIT CARD AUTHORIZATION FORM

WAREHOUSE DISCOUNT CENTER
14349 WHITE SAGE RD.
MOORPARK, CA 93021
(805) 222-1380
Fax: (805) 222-1395

CARDHOLDER:

ADDRESS:

TELEPHONE: FAX:

I authorize a charge against my credit card in the amount of: \$

CARD TYPE: (Please circle)

CARD NUMBER:

EXPIRATION: 3-DIGIT CODE FROM BACK OF CARD:

BILLING ADDRESS: (If different from above)

SALESPERSON:

PRODUCT DESCRIPTION:

INVOICE NUMBER: TODAY'S DATE:

SIGNATURE: