

Westco Chemicals, Inc.
Credit Card Sales

NAME AS IT APPEARS ON CREDIT CARD (Please type or print clearly)

BILLING ADDRESS FOR CREDIT CARD (STREET ADDRESS, CITY, STATE & ZIP CODE)

Visa Card #: _____

MasterCard Card #: _____

American Express # _____

Expiration Date: _____

Security Code: _____ (Amex - 4 digits on front of card / Visa/MC - 3 digits on back)

Customer Code: _____ (Visa/MC 4-6 digits can be found on CC statement)

Amount \$ _____

Signature of Credit Card Holder: _____

Date: _____

By signing you authorize transaction to be processed on above credit card.
If for any reason you are not satisfied with this product, all freight charges will be at your expense, unless otherwise negotiated.

Please fax back to 818-255-3650 when completed. **Attn: Samantha Anderson**

Order Information (For Office Use Only)

Product(s): _____

Reference #: _____

Approved By: _____

Transaction Process Date: _____

Transaction Processed By: _____

Approval Number: _____