



# Credit Card Authorization

- One Time Use Only
- Keep On File For Future

Invoice #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code #: \_\_\_\_\_

Please print the required information below:



\_\_\_\_\_  
**Card Holder**



\_\_\_\_\_  
**Card Billing Address**



\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Email**

I, \_\_\_\_\_, hereby authorize WOVA to charge on the credit card above in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

**Include a copy of the credit card (front & back) and drivers license with the completed form.**

**Please return the completed form via fax to 310.659.8247 or email to [info@wova.com](mailto:info@wova.com).**

FOR OFFICE USE ONLY:

CREDIT CARD PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_