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Toll Free: 800.582.8288 | Fax: 800.590.8311

Email: info@gopwsproducts.com

Credit Card Information Request & Authorization Form

Valued Customer,

Please provide us with your credit card information and authorization so we can process your order.

Your signature confirms your purchase for the below order no. and authorize PWS to charge your credit card.

**Please note for any production orders, we will be charging your credit card in full prior to submitting to production.
Freight will be charged separately upon shipping and will include a \$2.00 handling charge.**

We accept Visa, Mastercard, and Discover - We DO NOT accept American Express

Customer # _____

Company Name:

Date:

Amount Authorized: \$

Invoice no. / Order No.:

Card Holder Name:

Card Holder Billing Address:

Street Address:

City:

State/Province:

Zip Code:

Contact Phone Number:

Card Type:

☐

Visa

☐

MasterCard

☐

Discover

Credit Card Number:

**PLEASE CALL TO PROVIDE PWS ACTUAL CARD NUMBER
PLEASE DO NOT EMAIL CC INFO**

Expiration Date & CCV No.:

/

Card Holder Signature: _____

Date: _____