



CREDIT CARD AUTHORIZATION

DATE: _____ **RVB** **OCL**

CUSTOMER NAME _____ ACCOUNT #: _____

CARDHOLDER'S NAME: _____

ADDRESS: _____
(MUST MATCH WITH THE CARDHOLDER'S BILLING ADDRESS)

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

I _____ AUTHORIZED GWB, LLC.
(PRINT CARDHOLDER'S NAME)

TO CHARGE MY FOLLOWING ACCOUNT.

PLEASE CHECK THE FOLLOWING CARD YOU WOULD LIKE TO USE:

- _____ VISA
- _____ DISCOVER
- _____ MASTER CARD

ACCOUNT NUMBER: _____

EXPIRATION DATE : _____

CARDHOLDER'S SIGNATURE _____
DATE

By signing above cardholder waives the right to protest or dispute any and all charges with its credit card company or bank. Charges, once made, are final and may only be disputed directly with GWB, LLC. This authorization changes no terms under which cardholder or customer is otherwise bound to GWB, LLC.. All terms and conditions remain in effect.

PLEASE FAX BACK TO:
954-523-7255 – Michelle DiMaggio
mdimaggio@grandwestern.com

Revised: 10/8/15