



Series 1 CREDIT CARD AUTHORIZATION

I _____ Authorize _____
(NAME) (COMPANY)

to charge my credit card for products/services rendered.

Not to exceed the amount shown.

AMOUNT \$ _____ USD

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CSC # _____ (3 Digit # on back for MC/Visa, 4 Digit # above CC# for AMEX)

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Wadia Digital
1556 Woodland Dr.
Saline, MI 48176
Phone: 734-786-9611
Fax: 734-786-0163

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

