

Draught Tech West...Producers of



Credit Card authorization form

Date: _____

I, _____ (individuals name), representing _____
_____ (customer's name), authorize **Draught Tech West**
to charge my/our credit card account for all purchase transactions conducted
with **Draught Tech West**.

My credit card information is as follows:

Card type: _____ (Visa, MC, Discover, Amer Ex)

Card #: _____

Expires: _____

Sec code _____ (3 digit # on back of card)

Name as it appears on card: _____

Billing address exactly as it appears on the account:

Street address _____

City: _____ **State** _____ **Zip Code** _____

**This payment authorization is valid and is to remain in effect until I notify
Draught Tech West of its cancellation by written notice.**

Card Holder signature: _____

Print card holder name: _____

Return to: Draught Tech West
5342 Cornell Ave
Westminster, Ca 92683

FAX: 714-903-9111

E-mail: draughttechwest@verizon.net