

# WARRANTY SERVICES OF AMERICA

ASSURANCE PLANS

\*\*\*\*\*CREDIT CARD AUTHORIZATION\*\*\*\*\*

I, \_\_\_\_\_ HEREBY AUTHORIZE THE USE OF MY  
CREDIT  
(Print full name)

CARD IN THE AMOUNT OF: \$ \_\_\_\_\_ TO BE CHARGED TO MY;

M/C ACCT NO. \_\_\_\_\_ EXP DT \_\_\_\_/\_\_\_\_

VISA ACCT NO. \_\_\_\_\_ EXP DT \_\_\_\_/\_\_\_\_

AMEX ACCT NO. \_\_\_\_\_ EXP DT \_\_\_\_/\_\_\_\_

DISC ACCT NO. \_\_\_\_\_ EXP DT \_\_\_\_/\_\_\_\_

BILLING (the address and zip code your bill is sent to)  
STREET ADDRESS NUMBER ONLY. \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_  
(Example; 8452)

NAME ON CARD \_\_\_\_\_ CVN  
NUMBER \_\_\_\_\_

(The CVN number is the 3-digit code located on the back of your Visa/Master Card/Discover and the 4-digit code on your Amex can be located on the front of your card)

IMPORTANT: MAKE A COPY OF YOUR CREDIT CARD AND DRIVERS LICENSE (FRONT AND BACK) AND FAX IT TO US AT THE ABOVE FAX NUMBER ALONG WITH THIS AUTHORIZATION FORM-WE CANNOT PROCESS YOUR ORDER WITHOUT IT.

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