



Western Systems Research, Inc.

CREDIT CARD AUTHORIZATION FORM

Please complete the credit card authorization form and fax or email to Western Systems Research Inc.
951-302-2976 or sales@4wsr.com.

I, _____, hereby authorize Western Systems Research, Inc. to charge my credit card in the amount of \$_____ plus shipping.

CREDIT CARD TYPE

VISA MasterCard American Express

Name on the Card: _____

Credit Card Number: _____

Expiration Date: ____/____/____

AVS (Card Security Code) _____ For Visa and MasterCard, the Card Security code is a 3 digit coded printed on the signature strip on the back of the credit card. For American Express, the code is a 4 digit number on the front of the card above the account number.

CREDIT CARD BILLING ADDRESS

Street Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

CARDHOLDER'S SIGNATURE

_____/_____/_____
DATE