

## GSWS Credit Card Authorization Form

The undersigned hereby authorizes GSWS to charge the credit card indicated below according to the terms set forth in separately signed agreement(s). An invoice will be sent approximately one business day before the credit card is automatically charged. For recurring fees, we will automatically bill your credit card and your charges will be detailed on your invoice. You may cancel automatic billing at any time simply by contacting us.

This form contains fields which can be filled in by using your keyboard. Just click the print button when done, sign, and fax back to 1.866.417.8760.

### CUSTOMER INFORMATION

**Company:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### CREDIT CARD INFORMATION

**Card Type:**      Master Card      Visa      American Express      Discover      (check one)

**Card Number:** \_\_\_\_\_

**Card Expiration:** \_\_\_\_\_

**CVV/CVC Code:** \_\_\_\_\_

(3-digit code on back for Visa/MC/Discover. 4-digit code on the front of AMEX)

**Cardholder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date (m/d/yyyy):** \_\_\_\_\_