I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorize WESTERN FINANCIAL to charge my credit card

(NAME)

For services rendered. Not to exceed the amount shown.

AMOUNT $\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_USD.

CREDIT CARD TYPE VISA MASTERCARD DISCOVER

CREDIT CARD # \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

CARD CV2 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUED DATE (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_\_/\_\_\_\_\_\_\_

BILLING ADDRESS (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(As it appears on card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

**FAX OR MAIL TO:**

WESTERN FINANCIAL

P.O. Box 1472

La Mesa, CA 91944

OFFICE: (619) 698-2474

FAX: (844)820-6544

E-MAIL: [finance@westernfinancial.net](mailto:finance@westernfinancial.net)

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NOTES: