



1842 Barranca Pkwy., Irvine, CA 92606 | Ph: 714.829.1660 | Fax: 714.475.0472 | Email: sales@c2wireless.com

Company: _____ Date: _____

Contact Person: _____ Phone#: _____

Credit Card Authorization

I hereby authorize WSHGI D/B/A C2W to charge the following credit card ending in _____ (last 4 digits) expiration date ____/____ and the CVV _____ (3 digit code on the back for **Visa/MC/** or 4 digit code on the front for **Amex.**)

Credit Card Number: _____

Credit Card Billing Address: _____
(**No P.O. Boxes.** Physical Billing Address Required)

City: _____ State: _____ Zip Code _____

My position with the company is: _____

Name on Credit Card: _____

Authorized signature: _____

Comments:

Please remember to include a copy of your credit card, front and back.

Credit Card transaction is subject to a 3% handling fee.

Please contact your sales representative for more information.

Regards,

C2Wireless
sales@c2wireless.com