



CREDIT CARD AUTHORIZATION FORM

As the Credit card holder, I authorize Wave Connects to charge my credit card

***(PLEASE TYPE OR PRINT LEGIBLY)**

Company Name: _____

Visa

Discover

MasterCard

American Express

Credit Card Number: _____ CVC/CSC Code: _____

Name on Card: _____ Expiration Date: _____

CREDIT CARD BILLING ADDRESS:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone Number : _____

SHIPPING ADDRESS:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone Number: _____

As the credit card holder, I authorize receipt of goods at the shipping address above.

Cardholder's Signature

Date

If you would like your credit card information to be kept on file to be used on future orders please complete and sign the following section.*

I, _____ hereby authorize Wave Connects to keep my credit card on file and to charge my Credit Card Account for future purchases.

Please initial here: _____

***Please email this form directly to Wave Connects accounting department at email - billling@waveconnects.com, or FAX to 866-272-0222**
