



Please note: a 3% credit card processing fee will be applied to the invoice

Credit Card Authorization Form

Please return this document via email or fax:

Attn: Accounting

Email Tustin.AR@disa.com

Fax No. 714-669-4847

MASTERCARD, AMEX & VISA ONLY

Member Information

Company Name: _____

Contact Name: _____

Account Information

Credit Card Number: _____

Expiration Date: _____ Last 3 or 4 digits on back of card: _____ **(AWSI does not store this information, it must be requested each time)**

Signature

Name: _____

Authorized Signature: _____

Date: _____

Additional Information

Invoice Number(s) & Dollar Amounts: _____

Credit Card Billing Address: _____

City, State, Zip: _____