Credit Card Payment Authorization Form

Please complete this form and attach a legible copy of your credit card (front & back) and photo ID.

Cardholder's Name:_____

Billing Address:_____

Street:

City, State, Zip Code:_____

Please select type of card: ☐ Visa   ☐   MasterCard

Card Number: _____

Expiration Date: _____

CVV2 (3 digit number at back of card): _____

Email Address:_____

Contact Number (s):_____

Card Holder's Signature: _____

Date:_____

Account No. (s): _____

Authorisation limit is $_____

Should you have any questions contact the Customer Care Department at 1 (264) 497-1270 or email customercare@wca.ai .

INTERNAL USE ONLY	
Date Received	Received by:
Date Processed	Processed by: