

Wirelesslink Group Inc

50-10 27th Street, Suite A, Long Island City, NY 11101

www.wlgwholesale.com

Credit Card Charge Authorization Form

Section 1: This section is to be filled out by customer-Please Print Clearly

*Company Name: _____ *Contact
Name: _____

*Mailing Address: _____ *E-Mail
Address: _____

_____ *Fax Number: _____

*Telephone Number: _____ *All New Customers Must Provide This
Information

ALTERNATE SHIPPING ADDRESS (IF DIFFERENT FROM BILLING)

*CUSTOMER MUST NOTIFY CREDIT CARD COMPANY OF ALTERNATE SHIPPING ADDRESS PRIOR
TO RETURNING FORM

NAME AS IT APPEARS ON CREDIT CARD _____

CARD TYPE(PLEASE CIRCLE ONE): CARD NUMBER EXP.DATE(MM/YY)

VISA/MASTERCARD/DISCOVER _____ - _____ - _____ - _____ -

SECURITY CODE (3 DIGIT) _____

CARDHOLDER SIGNATURE/ CHARGE AUTHORIZATION: _____

IF YOU PREFER TO USE THIS CREDIT CARD FOR ALL FUTURE ORDERS, PLEASE COMPLETE THE
FOLLOWING:

I, _____, AUTHORIZE THE WIRELESS LINK GROUP INC. TO USE
THE ABOVE REFERENCED CREDIT CARD ACCOUNT FOR ALL FUTURE ORDERS.
CARDHOLDER SIGNATURE/ CHARGE AUTHORIZATION: _____

DATE AUTHORIZED: _____