



CREDIT CARD AUTHORIZATION FORM

This will authorize Wham-O, Inc. to charge the below listed card as payment for your purchase and will be held in strict confidence.

Company Name: _____

Billing Address: _____

City/State/Zip Code: _____

Telephone: _____

Email address: _____

Card Holder Name as it appears on the card:

Circle One: _____ **MasterCard** _____ **Visa** _____

Card Number: _____

Expiration Date: _____

Brief Description of Purchase:

Amount Authorized to charge not including shipping charges:
(if applicable, additional freight will be charged separately) **USDS** _____

Signature of Card Holder: _____

Date Signed: _____

Fax filled out form to: 510-596-4271

Attn: Accounts Receivable
Wham-O, Inc.
5903 Christie Avenue
Emeryville, CA 94608

For Internal Use Only:

A/R Rep – Signature: _____