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 www.westcoaststocktransfer.com

### Credit/Debit Card Authorization Form

Check One:  MasterCard  Visa  Amex  Discover

Name as it reads on Card													Expiration Date:			
Card Number:																(MM/YY)
Credit Card Bill to Address:																
	Address										City, State, ZIP					

(SELECT ONE OR BOTH)	<input type="checkbox"/> <b>ONE TIME BILLING</b> I authorize West Coast Stock Transfer Inc. to charge \$ _____ U.S. Dollars to ABOVE credit/debit card. <div style="text-align: center;">(AUTHORIZED AMOUNT)</div>
	<input type="checkbox"/> <b>REOCCURING BILLING</b> By checking this box, I authorize West Coast Stock Transfer Inc. to; <ul style="list-style-type: none"> <li>Keep information pertaining to my credit card on file.</li> <li>Charge amounts owed not to exceed \$ _____ U.S. Dollars ("Pre-Authorized Amount"). Any amount owed that exceeds the Pre-Authorized amount will require additional authorization. Since fees vary, please review the Presenter Transfer Fee Schedule on our website.</li> </ul>

I certify that I am the authorized holder and signer of the credit card reference above and that all information above is complete and accurate. I hereby authorize collection of payment for charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" or "PRE-AUTHORIZED AMOUNT" without additional authorization.

Send copies of Invoices and Receipts to: \_\_\_\_\_  
 (EMAIL)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference: \_\_\_\_\_ (Will appear on Receipt)

RETURN BY FAX, EMAIL, OR MAIL.