For Office Use:
Customer Code:_____

To provide a security measure to minimize credit card fraudulent purchases, all customers who will pay by credit cards MUST complete the following:

Wiston Group, Inc.
Credit Card Authorization Form

Company name: _____

Company address: _____

City: _____ State: _____ Zip code: _____

Tel: ( ) _____ Fax: ( ) _____

Credit Card Information:

Credit card number: _____ Expiration date: _____

Cardholder's name: _____

Credit card billing address:_____

City: _____ State: _____ Zip Code: _____

Visa/Master/Discover (last 3 # of the security code): _____

American Express (4 # of the security code): _____

Authorized Purchaser(s): _____

_____

_____

TERMS AND CONDITIONS:
By signing below, I agree that the above information is true and accurate, and I have authorized Wiston Group Inc. to charge on the above credit card for any credit card transactions that have been placed by our authorized purchaser(s) to Wiston Group, Inc. in the future.

_____ _____
Cardholder's Authorized Signature **Date**
Company name: _____
Title: _____

****Please fax the form back to (909) 869-7825****