**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

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| Credit Card Information |
| Card Type: [ ]  MasterCard [ ]  VISA [ ]  Discover [ ]  AMEX [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cardholder Name (as shown on card): Click or tap to enter Cardholder Name |
| Card Number: Click or tap to enter Card Number |
| Expiration Date (mm/yy): Click or tap here to enter Expiration Date |
| Cardholder ZIP Code (from credit card billing address): Click or tap here to enter ZIP Code |

I, \_\_Click or tap to enter Customer Name, authorize *WMB, Inc. DBA Simpson Air Conditioning* to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

 Click or tap to enter a date.