



## CREDIT CARD AUTHORIZATION FORM

POB 151326, San Rafael CA 94915 415.295.7454

[Booking@westcoastwalkies.com](mailto:Booking@westcoastwalkies.com)

DATE: \_\_\_\_\_

BUSINESS NAME:

\_\_\_\_\_

INDIVIDUAL NAME:

\_\_\_\_\_

VISA \_\_\_\_ MASTERCARD \_\_\_\_ AMEX \_\_\_\_ DISCOVER \_\_\_\_ \*\*All Credit  
Card Transactions incur a 3.5% handling fee

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME as it appears on card: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ CELL#: \_\_\_\_\_

INVOICE: \_\_\_\_\_ PO#: \_\_\_\_\_

START/END DATE: \_\_\_\_\_

I, the undersigned, hereby authorize West Coast Walkies to charge the account number stated hereon for the rental term in its entirety. The above stated account number may also be used to pay for any related charges incurred during the rental of equipment or hiring of services.

SIGNATURE: \_\_\_\_\_