

# J.P. Weaver Co.

SINCE 1914

## CREDIT CARD AUTHORIZATION FORM

**PLEASE COMPLETE THE FOLLOWING INFORMATION.**

Return via fax to (818) 500-1798

I, \_\_\_\_\_ agree to pay the total amount below according to the card issuer agreement. I understand that all sales are final and accept the above items as quoted i.e., part numbers and quantities.

**\*\*\*Please disregard this notice if you have sent payment by mail\*\*\***

J.P. WEAVER CUSTOMER ID NUMBER: \_\_\_\_\_

### CUSTOMER INFORMATION

COMPANY NAME: _____		
ATTN: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
TEL: _____	FAX: _____	
EMAIL: _____	CELL: _____	

**PLEASE CHARGE TO:**     VISA         MASTERCARD     DISCOVER

NAME AS IT APPEARS ON CARD: _____		
COMPANY NAME (if applicable): _____		
CITY: _____	STATE: _____	ZIP CODE: _____
CARD NUMBER: _____	EXP. DATE: _____	
AMOUNT TO BE CHARGED: _____	REF. # _____	QUOTE #/ORDER # _____
CARD HOLDER SIGNATURE: _____	DATE: _____	

**ORDER WILL START PRODUCTION WHEN FORM IS COMPLETED AND VERIFIED**

941 Air Way, Glendale, CA 91201\*Ph: 818-500-1740\*Fax: 818-500-1798\*  
Website: [www.jpweaver.com](http://www.jpweaver.com)\*email: [info@jpweaver.com](mailto:info@jpweaver.com)