



WELLS LAMONT - 6640 West Touhy Avenue - Niles, Illinois 60714-4587

FAX 847-983-1559 - EMAIL credit@wellslamontretail.com

CREDIT CARD AUTHORIZATION FORM

WELLS LAMONT ORDER # _____ AB # _____

CUSTOMER NAME: _____

CARDHOLDER NAME: _____

CARDHOLDER BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT NUMBER: _____ EXP. DATE: _____

PLEASE CHOOSE ONE:

I Authorize Wells Lamont To Charge My Account

Note: This will be kept on file

I Authorize Wells Lamont To Charge My Account

for this amount only \$ _____

CARDHOLDER SIGNATURE: _____

Your Card Will Be Charged When Your Order is Shipped. Please Call Your Customer Service Representative With Any Questions.

Thank You For Your Order!



With just a call, you can be put on Auto pay. Please check any of the following:

Invoices paid automatically when due

If you prefer phone confirmation

Charges only per your Phone Call

Other: