721 N. Vulcan Ave. Ste. 205
Encinitas, CA 92024
(619) 664-4780 p |(619) 325-0160 f
www.westcoaststocktransfer.com
cs@wcsti.com

CREDIT/DEBIT CARD AUTHORIZATION FORM

Check One: MasterCard ☐ Visa ☐ Amex ☐ Discover ☐

Name as it Appears on Card:		Expiration Date:	(MM/YY)
Card Number:			
Credit Card Billing Address:	(ADDRESS) (CITY, STATE, ZIP)		

(SELECT ONE OR BOTH)

☐ **ONE TIME BILLING**

I authorize West Coast Stock Transfer Inc. to charge $ _____ U.S. Dollars to the ABOVE credit/debit card.
(AUTHORIZED AMOUNT)

☐ **REOCCURING BILLING**

By checking this box, I authorize West Coast Stock Transfer Inc. to:

- Keep information pertaining to my credit card on file.
- Charge amounts owed not to exceed $ _____ U.S. Dollars ("Pre-Authorized Amount"). Any amount owed that exceeds the Pre-Authorized amount will require additional authorization. Since fees vary, please review the Presenter Transfer Fee Schedule on our website.

I certify that I am the authorized holder and signer of the credit card reference above and that all information above is complete and accurate. I hereby authorize collection of payment for charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" or "PRE-AUTHORIZED AMOUNT" without additional authorization.

Send copies of Invoices and Receipts to: _____.
(EMAIL)

Signature: _____ **Date:** _____

Print Name: _____

Phone Number: _____

Reference: _____ (WILL APPEAR ON RECEIPT)

(WC-2025)

RETURN BY FAX, EMAIL, OR MAIL cs@wcsti.com