



WHOLESALE GLASS & SUPPLIES INC

15540 Lanark Street Van nuys, CA 91406
818 785-7019 | www.wgsonline.com

Credit Card Authorization Form

Company Name: _____

Cardholder's Name: _____

Billing Address: _____

City / State / Zip: _____

Credit Card Type: Visa MasterCard American Express Other

Credit Card Number: _____

Expiration Date: _____ V Code: _____

(3 digit code on back of Visa / MC or
4 digit code on front of Amex)

I hereby authorize Wholesale Glass & Supplies, Inc. to charge my credit card:

Date: _____ Amount: _____ Reference #: _____

Signature

Printed Name

PLEASE COMPLETE AND EMAIL TO ACCOUNTING@WGSONLINE.COM

*****STARTING 08/01/24 WE WILL IMPOSE A 3% SURCHARGE ON ALL CREDIT CARD TRANSACTIONS*****

There is no surcharge for debit cards, prepaid cards or gift cards.