

Credit/Debit/Checking Authorization Form

Please fill out this form then Fax (888) 883-1553, email: awellonwheels@msn.com, or mail it to

Well on Wheels Inc
PO Box 2066
Durango, CO 81302-2066

I hereby authorize Well on Wheels Inc to charge or cause to be charged to my

Visa

Master card

Discover

Checking

Name on Account:

Billing address on account:

Checking account #:

Routing #:

Credit/Debit Card #:

Expiration date:

CVC code:

Auto pay

One time charge

Signature of account holder:

Date: