



**Credit Card  
Authorization**

Wahl Clipper Corporation  
2900 N Locust St  
PO Box 578  
Sterling, IL 61081  
PH. 800-767-9245 FX. 815-625-6780  
[www.wahlanimal.com](http://www.wahlanimal.com)

Date: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV2/Security code\*: \_\_\_\_\_ Expiration Date (m/yy): \_\_\_\_\_

Name: \_\_\_\_\_  
(as it appears on credit card)

Card Issuer Phone Number: \_\_\_\_\_  
(including Area code)

Billing Address: Street: \_\_\_\_\_  
(required)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of Charge: \_\_\_\_\_

Payment Details: \_\_\_\_\_  
(Include Invoice #)  
\_\_\_\_\_

Cardholder signature: \_\_\_\_\_  
(Authorized User signature)

I certify that the above statements and information are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card number. In case of issues or disputes concerning this transaction please contact Wahl Clipper Corporation immediately.

\*3-digit code on back of card (Visa, MC, Discover)