



## CREDIT CARD AUTHORIZATION FORM

UPON MY SIGNATURE BELOW, I AUTHORIZE WOBPINC, INC.,  
TO CHARGE MY CREDIT CARD FOR THE SERVICES PROVIDED TO ME OR MY BUSINESS

AMOUNT IN U.S. \$: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

CREDIT CARD:  VISA     MASTER CARD

DISCOVER AMERICAN EXPRESS (PLEASE CIRCLE 1).

ACCOUNT #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PLEASE EMAIL OR WHATSAPP COMPLETED FORM TO WOBPINC, INC  
AT (786) 501-6791. YOU MUST INCLUDE COPY OF THE CREDIT CARD TO BE USED  
AND SOME FORM OF PHOTO IDENTIFICATION

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER  
AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

**WOBPINC, Inc.**

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