



# GLASSWERKS LA INC.

8600 Rheem Avenue ,South Gate, CA 90280

## CREDIT CARD USE AUTHORIZATION

I hereby authorize Glasswerks/TempWerks to charge my purchase to my credit card. I further assert that I am authorized to charge to this credit card. A fax copy or photocopy of my signature below shall have the same effect as an original signature.

Visa       MasterCard       Discover Card       American Express

Date of Purchase: \_\_\_\_\_ Amount of Purchase: \_\_\_\_\_

Invoice/Packing Slip: \_\_\_\_\_ Account Number: \_\_\_\_\_

My company name: \_\_\_\_\_

Name printed on card \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security No. \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

Please return fax to Glasswerks/TempWerks at 323-789-1571

Thank you,

Glasswerks Inc.  
Accounts Receivable