



**Washington Express, LLC**

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**Credit Card Authorization Form\***

\*Please complete and email or fax to Washington Express

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

CreditCardType: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

CreditCardNumber: \_\_\_\_\_

ExpirationDate: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

I authorize **Washington Express, LLC (WEX)** to charge the above card for charges related to WEX Service Fees. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

\*Be aware that some of the above charges are not known in advance and may not be reflected in the initial quote.

Cardholder – Please Sign and Date

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

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

PrintName: \_\_\_\_\_