



CREDIT CARD AUTHORIZATION FORM

School ID # _____

In order for the WKSA to accept your credit card phone or e-mail order, this form must be completed in full and submitted to the WKSA for verification, along with a copy of the cardholder's Driver's License. Please be assured that all this information and the card number will be kept absolutely confidential and kept in a secure area.

Upon signing this form, I authorize the WKSA LLC, and/or Gaya Won to Charge all of my orders and any Association payment to the card number(s) shown below. I further understand that merchandise price(s) and shipping/handling costs may change without prior notice.

Must Print or Type

School Name: Kuk Sool Won of _____ phone () _____ - _____

SchoolAddress: _____
(Street City State Zip Country)

Accounts Payable School owner Name or Spouse: _____

Cardholder's Name: _____
As printed on the card

Cardholder's Address: _____
(Street City State Zip Country)
(Cardholder's address above must match the billing address given to the credit card company)

Card Account #: _____ Expiration Date: _____

M/C ___ Visa ___ Debit ___ CVVS Code: _____ (3 numbers on the back of your card)

Cardholder's Signature: _____ Date: _____

By signing above, I understand that customized merchandise cannot be returned

Use this Credit Card for all orders and any Association payments placed with WKSA LLC, and/or Gaya Won. [] Yes [] No

Will packages always be shipped to the cardholder's address as listed above? [] Yes [] No

If no, please list any shipping mailing address you will be using:

(Street City State Zip Country)

The WKSA will no longer make any changes to card details over the phone, other than the expiration date. Otherwise, a new form will need to be completed Forms may be faxed. Thank you for your cooperation.