

WILLIAM F. WHITE INTERNATIONAL INC. CREDIT CARD AUTHORIZATION FORM



Please complete this form for each single transaction.

Company Name _____

Credit Card Information

Credit Card Type _____

Cardholder Name _____

Credit Card # _____

Expiry Date _____

CVV _____

Sales Information

Order/Invoice # _____

Total Amount _____

By signing here, the Cardholder agrees William F. White International Inc. to charge his/her Credit Card for the amount specified above.

Cardholder's Signature _____

Date Signed _____

A photocopy of the front and back of this credit card along with photo ID are required to process the payment on the above credit card.