



**WILLIAM F. WHITE  
INTERNATIONAL INC.**

## Credit Card Payment Authorization Form

Company Name \_\_\_\_\_

### **Credit Card Information**

Credit Card Type \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

### **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 \_\_\_\_\_