



**WILLIAM F. WHITE
INTERNATIONAL INC.**

Credit Card Payment Authorization Form

Company Name _____

Credit Card Information

Credit Card Type _____

Cardholder Name _____

Credit Card # _____

Expiry Date _____

CVC _____

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 _____