

Select Company:



**WILLIAM F. WHITE  
INTERNATIONAL INC.**

A COMWEB GROUP MEMBER



**WHITES LES**  
LOCATION EQUIPMENT SUPPLY INC

A COMWEB GROUP MEMBER

## Credit Card Payment Authorization Form

Please complete this form for each single transaction.

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. or Whites Location Equipment Supply 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.**