



## ONE TIME ONLY - CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **Whitener Enterprises, Inc.** to make debits to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

I, \_\_\_\_\_ authorize Whitener Enterprises, Inc. to charge my credit  
(full name)  
card account indicated below in the amount of \$ \_\_\_\_\_ on or after \_\_\_\_\_  
(amount) (date)

This payment is for \_\_\_\_\_  
(description of goods / services)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

ACCOUNT TYPE:	Visa	MasterCard	American Express	Discover Card
Card Holder Name:	_____			
Account Number:	_____			
Expiration Date:	_____			
CVV2 (3 digit code on back of Visa/MC   4 digit code on front of AMEX)	_____			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the above named business, WHITENER ENTERPRISES, INC., to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services generally described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.