



P 435.647.2908
F 435.615.1149

P. O. BOX 3537 PARK CITY, UT 84060
WWW.BILLWHITEENTERPRISES.COM

CREDIT CARD AUTHORIZATION FORM

I, _____, authorize the _____ deposit
on _____ to be charged to the
credit card listed below.

CARDHOLDER'S NAME: _____

CREDIT CARD: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

AUTHORIZED AMOUNT: _____

CARDHOLDER'S BILLING ADDRESS: _____

PHONE: _____

FAX NUMBER: _____

NAME OF EVENT/DATES: _____

CARDHOLDER SIGNATURE: _____

Fax Number 435-615-1149