



CREDIT CARD FORM	DATE: 08 AUG 2021 REV: Original
Approved by: Quality Control Manager	

CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize WHITEWING SOURCING & LOGISTICS LLC to make a one-time charge 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. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. I understand that a 3.5% charge will be added to the total invoice as a credit card fee cost.

I _____ authorize _____ to charge my
 (Cardholder's Full Name) (Merchant's Name)

credit card account indicated below for \$ _____ on _____.
 (Amount \$) (Date)

This payment is for _____.
 (Description of Goods/Services)

Legal Business Name:	
Card Type:	
Name on Card:	
Card Number:	
Expiration Date:	
Card Billing Address:	
Zip Code:	
CCV Code (4#'s on front of Amex or 3#'s on the back of Visa/Master)	
Expiration Date:	
Email:	
PO# / Reference:	

Signature:	
Printed Name:	
Date:	

*Once completed. Please return to tyler.benson@whitewingsource.io

