



CREDIT CARD AUTHORIZATION FORM

Authorization for your card to be kept on file - You authorize the below card to be charged and kept on file for purchases made at B.D White Top Soil Company only. All charges require your prior approval of materials ordered. You will be provided with an estimate to approve along with the total amount your card will be charged. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. If you no longer wish to keep this card on file, please notify us.

I, _____, authorize B.D. White Top Soil Company to charge my
(Full Name)

Credit Card below for \$ _____ on _____ Ticket # _____
(Amount \$) (date) (BDW will provide)

This payment is for the following: _____
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

CREDIT CARD INFORMATION

Card Type: Mastercard | VISA | Discover | AMEX | Other _____

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

CARDHOLDER SIGNATURE

I understand that this authorization will remain in effect until I cancel it in writing. I authorize B.D. White Top Soil Company to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization form allows B.D. White Top Soil Company to keep this credit card on file for future purchases approved by the customer for materials purchased at B.D. White Top Soil Company only. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. 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.

AUTHORIZED SIGNATURE _____ **DATE** _____

PRINT NAME _____