

18800 S. Broadway Gardena, CA 90248 (310) 370-5511 www.bdwhitetopsoil.net BDWhitetopsoil@gmail.com

ONE (1) TIME CREDIT CARD AUTHORIZATION

By signing this form, you give B.D. White Top Soil Company permission to charge your credit card 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.

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I,(Cardl	holder), authorize <u>I</u>	3.D. White Top Soil Co	ompany to charge	my credit card
(as indicated below) for \$	(amo	unt \$) on	(date).	
This payment is for the following:	(Description	on of Goods/Services)	Tick	cet # (BDW will provide)
BILLING INFORMATION				
Billing Address:		_ City, State, ZIP:		
Phone #:	Email:			
CREDIT CARD INFORMATION				
Card Type: ☐ Mastercard ☐ VIS	SA □ Discover □] AMEX □ Other		
Cardholder Name:		_		
Card Number (#):		<u> </u>		
Expiration: (mm/	/yy) CVV:	Cardholder ZIF	P:	_
CARDHOLDER SIGNATURE I authorize B.D. White Top Soil C according to the terms outlined al for the amount indicated above o this credit card and that I will not corresponds to the terms indicate	bove. This paymer nly, and is valid for dispute the payme	nt authorization is for the one (1) use only. I ce	ne goods/services rtify that I am an a	described above, authorized user of
Cardholder Signature:		Date:		
Printed Name:				