



Fax back to 619-639-3435

CREDIT CARD AUTHORIZATON FORM

This form confirms your request for payment by credit card. Your signature below constitutes your agreement to pay any and all amounts charged by WHITE BRILLIANCE, INC. to the credit card account specified below, and authorizes WHITE BRILLIANCE, INC. to obtain credit approval from said credit card company.

I, _____ HEREBY AUTHORIZE WHITE BRILLIANCE, INC. TO CHARGE THE CREDIT CARD ACCOUNT SPECIFIED BELOW. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE AND THAT I AM LEGALLY AUTHORIZED TO USE THE CREDIT CARD SPECIFIED BELOW. FURTHERMORE, I UNDERSTAND AND AGREE THAT ANY CHARGES MADE TO THE ACCOUNT SPECIFIED BELOW ARE NON REFUNDABLE AND I AGREE TO PAY THE AGREED AMOUNTS CHARGED BY WHITE BRILLIANCE, TO THIS ACCOUNT. PAYMENT, IN FULL, WILL BE BILLED TO THE CREDIT CARD LISTED BELOW.

CIRCLE CARD TYPE: VISA MASTERCARD AMEX DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ / _____ (mm/yy)

3 – Digit Control # Visa – MC _____ (On Back), Amex _____ (On Front)

CARDHOLDER NAME: _____

CUSTOMER SERVICE 800 #: _____ (On Back)

CREDIT CARD BILLING ADDRSS: _____

SHIP TO ADDRESS: _____

CUSTOMER PHONE #: _____

SIGNATURE (AS SIGNED ON BACK OF CARD)

DATE (DD/MM/YY)