



30 Brookfield St
South Windsor CT 06074
Phone: 860 291 8177
Fax: 860.282.2441
E-mail: christine@whitneyglazingsupply.com

CREDIT CARD AUTHORIZATION

PLEASE INCLUDE A COPY OF THE CREDIT CARD AND A PHOTO ID

Payment Type (Select One):

☐ VISA ☐ MASTERCARD

Credit Card #: _____
Expiration Date: ____ / ____
CSC: _____

For MasterCard or Visa, it's the last three digits in the signature area on the back of your card.

NAME ON CARD: _____
BILLING ADDRESS LINE 1: _____
BILLING ADDRESS LINE 2: _____
CITY: _____
STATE: _____
ZIP: _____
EMAIL: _____ | PHONE: _____

I authorize Whitney Supply to charge the aforementioned credit card in the amount of
\$ _____ (US) dollars.

Client's Signature: _____

Name of Client in Print: _____

Name of Company: _____

Date of Agreement: _____