



WITI Credit Card Authorization Form

Cardholder Name: _____

Credit Card Billing Zip Code _____

VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: ____/____

I authorize WITI to charge my credit card account in the amount not to exceed: \$ _____

Memo: _____

Cardholder Signature: _____

Date: ____/____/____

Your completion of this authorization form helps us to protect you from credit card fraud. WITI will keep all information entered on this form strictly confidential

Thank you for your continued support!