



## Credit Card Authorization Form

Name of Cardholder \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Credit Card \_\_\_\_\_ Three Digit Code: \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

The undersigned agrees that he/she is an authorized user of the above-mentioned credit card. The cardholder authorizes Whisler Bearings & Drives to charge this credit card for the following charges:

\_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

**Whisler Bearings & Drives**  
**5775 Stapleton Drive North, Denver, CO 80216**  
**303.377.3444      303.377.3434(Fax)**  
**Email: [accounting@trywhisler.com](mailto:accounting@trywhisler.com)**