



Winternitz Industrial Auctioneers & Appraisers

2516 Waukegan Road, Suite 385

Glenview, IL 60025

## Credit Card Payment Authorization Form

Credit Card Type : ☐ MasterCard ☐ Visa

Amount (USD) : \_\_\_\_\_

Bidder Number : \_\_\_\_\_

Auction Name : \_\_\_\_\_ Cosmetic Specialty Labs

Transaction Date : \_\_\_\_\_ April 24th, 2025

Name (as it appears  
on the card) : \_\_\_\_\_

Card Number : \_\_\_\_\_

Expiration Date : \_\_\_\_\_ CVV : \_\_\_\_\_

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

\_\_\_\_\_

By executing this form, I authorize Winternitz Industrial Auctioneers & Appraisers to charge my credit card for the amount listed above as payment toward equipment purchased from the Cosmetic Specialty Labs auction, and waive the right for refunds, chargebacks, and offsets.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_