



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 : Absolute Health Center - Romeoville, IL

Transaction Date : June 8th 2023

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 Absolute Health Center auction, and waive the right for refunds, chargebacks, and offsets.

Signature : _____ Date : _____