



CREDIT CARD AUTHORIZATION FORM

Sales Information

Sales Amount
Repair Order/Reference Number

Credit Card Information

Card Number	
MM/YY	CVV

Billing Information

**First and Last Name are required unless you provide a Company Name*

First Name	Last Name	
Company Name	Email Address	Mobile Phone
Address		Address 2
City	State	Zip

Customer Signature _____
 By signing above, I agree to the payment terms and conditions

****Please note that this transaction will not be authorized immediately. This approval will take place at a later time. If for any reason, the transaction is declined, you are still responsible for payment. The dealership may reach out to you to obtain an alternative payment method****