



CITY LICENSE:1591888
TAX ID: 201-754453

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us.

Credit Card Information

Card Type: _____Master card _____ Visa _____ Discover _____ AMEX _____ Other

Cardholder name (as shown on card): _____

Card Number: _____

Expiration Date: _____ **CVV:** _____ **Billing Zip Code:** _____

I, _____ HEREBY AUTHORIZE HOWARD AUTO BODY AND REPAIR TO CHARGE MY CREDIT CARD FOR \$ _____ ON ____/____/____.

THIS PAYMENT IS FOR: _____

VEHICLE OWNER SIGNATURE: _____ **DATE:** _____