

## CREDIT CARD AUTHORIZATION FORM

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

I, \_\_\_\_\_ hereby authorize Howard Auto Body and Repair to charge my credit card..

### **THIS PAYMENT IS FOR:**

VEHICLE OWNER NAME: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

MILEAGE: \_\_\_\_\_ PLATE NUMBER: \_\_\_\_\_ COLOR: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_

AMOUNT:\$ \_\_\_\_\_

### **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 understand full payment is required including my deductible, if applicable, at the time of vehicle release. I understand if payment is not received at time of release, Howard Auto Body is entitled to charge storage fees. Payment may be made using any major credit card, which includes a 3.5% Service Fee. Cash and Personal Checks also accepted.

VEHICLE OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_