



CREDIT CARD AUTHORIZATION FORM

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

I, [REDACTED] HEREBY AUTHORIZE HOWARD AUTO BODY AND REPAIR TO CHARGE MY CREDIT CARD FOR \$_____.

THIS PAYMENT IS FOR:

VEHICLE OWNER NAME: [REDACTED]

YEAR: [REDACTED] MAKE: [REDACTED] MODEL: [REDACTED]

MILEAGE: [REDACTED] PLATE NUMBER: [REDACTED] COLOR: [REDACTED]

VIN NUMBER: [REDACTED]

CREDIT CARD INFORMATION

Card Type: [REDACTED] Master card [REDACTED] Visa [REDACTED] Discover [REDACTED] AMEX [REDACTED] Other

Cardholder name (as shown on card): [REDACTED]

Card Number: [REDACTED] Expiration Date: [REDACTED]

CVV: [REDACTED] Billing Zip Code: [REDACTED]

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: [REDACTED] DATE: [REDACTED]