







CREDIT CARD AUTHORIZATION FORM

From: (Name on Credit Card)	
Name on Invoice (if different)	
Credit Card Type	   
Credit Card Number	
Expiration Date	___ / ___
Security Code	
Billing Address for Credit Card	
Phone	
Amount Authorized	\$

I, the undersigned, understand that Oviedo Car Care is unable to release any vehicle without full payment.

I hereby authorize **OVIEDO CAR CARE** to charge my credit card as indicated above.

Signature

Date

PLEASE INCLUDE COPIES OF THE FRONT AND BACK OF YOUR CREDIT CARD AND DRIVERS LICENSE

Front of Credit Card
Back of Credit Card
Drivers License