



Credit Card Authorization Form

I, _____ hereby authorize Central Florida Auto Yard, LLC to charge the amount of US\$ _____ on credit card # _____ with the expiration date of ____/____/____, CID code of _____ issued by _____ (Card Type: Visa, MasterCard, Discover). By signing this form, I agree with all terms and conditions of the sale/order, as specified in the Central Florida Auto Yard Limited Warranty, Disclaimer and Return Policy which I have made over the phone, by fax, or via the Internet. If charge amount is over \$500.00 I must supply a copy of my driver's license and the front of the credit card.

CARDHOLDER INFORMATION

The billing information of my credit card is:

Card Holder: _____ Phone # _____

Street Address: _____

City _____ State _____ Zip/Postal Code _____ Country _____

Bank Name: _____ Bank Phone Number: _____

I understand that this information will be used for purposes of verification with the credit card issuer/processors to prevent fraudulent usage. Please note: If your credit card expiration date changes, if you are issued new credit card numbers, or if you wish to utilize a different credit card than presented on this form, you will need to complete and provide Central Florida Auto Yard, LLC a new Credit Card Authorization Form.

Printed Name: _____ Signature: _____

_____ Date: ____/____/____

Account Identifier : _____ (ie; Work Order # / Invoice # / Account #)

PLEASE MAKE SURE TO PROVIDE ALL INFORMATION REQUIRED!