

CREDIT CARD AUTHORIZATION



| CREDIT CARDHOLDER INFORMATION | | | | | |
|-------------------------------|----------|-------|------|------------|-------|
| NAME ON CREDIT CARD | | | | | |
| TYPE OF CREDIT CARD | VISA | MC | AMEX | DISCOVER | OTHER |
| TYPE OF ACCOUNT | PERSONAL | | | BUSINESS | |
| COMPANY NAME | | | | | |
| AUTHORIZED AMOUNT | | | | | |
| ACCOUNT NUMBER | | | | | |
| EXPIRATION DATE | | | | | |
| BILLING ADDRESS | | | | | |
| CITY | | STATE | | ZIP CODE | |
| PHONE | | EMAIL | | FAX NUMBER | |

| TITLE INFORMATION (THIS IS THE WAY THE TITLE AND SALES RECEIPT WILL BE PRINTED) | |
|---|--|
| NAME | |
| ADDRESS | |
| RELATION TO OWNER | |

| AUTHORIZATION OF CARD USE |
|---|
| <p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p> |

| | | | |
|-----------------|--|------|--|
| CARDHOLDER NAME | | | |
| SIGNATURE | | DATE | |

Please FAX this document to ALL PRO at (717) 795-0546. Information kept private & confidential