

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AMEX _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits on reverse of card, or 4 for AMEX) _____

Amount to Charge: \$ _____ (USD)

I authorize AUTO CAPITAL INVESTMENT LLC, to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

I furthermore understand and agree, that this amount is **NON-REFUNDABLE**, as the dealer is removing this car from the marketplace and holding it for me.

Cardholder – Print Name, sign and date below:

Signed: _____

Dated: _____

Name: _____