

# All German Auto

credit card billing authorization v1.0

## Credit Card Billing Information

(FAX TO: 760.738.8013 OR SCAN & EMAIL TO: [judi@allgermanauto.com](mailto:judi@allgermanauto.com).)

Your Company Name: \_\_\_\_\_

Person Authorizing: \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_

Credit Card Type:  Visa  Discover / Novus  
 MasterCard  Amex

Credit Card Number: \_\_\_\_\_ CCV \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please select one of the following Payment Options:

One Time	Bill my credit card once for the following amount:	\$
	Please apply this payment to the following [Order/Invoice #]	\$

We agree:

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at applicant's discretion.

If any charges are declined, charge backs are claimed, or changes in the status of this card need to be processed, please address this immediately with Accounting at [judi@allgermanauto.com](mailto:judi@allgermanauto.com).

The undersigned is the duly authorized representative of the card holder agreement detailed above. Your signature confirms an understanding and acceptance of the terms outlined in this document. If you agree, please sign, date and fax this acceptance page to All German Auto.

Authorized By:

_____	_____	_____
Please print name here	Your signature here	Today's date



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