



CREDIT CARD AUTHORIZATION FORM

Card Type (circle one): AMEX M/C VISA DISC

Card Number: _____

Expiration Date: ____ / ____

Security Code (3-digit code on back of card): _____

Card Holder Name: _____
(Exactly as it appears on the credit card)

Billing Address: _____

City _____

State _____ Zip _____

Card Holder Phone Number: (____) _____

Charge Amount: \$ _____

Card Holder Signature: _____

Card Holder Name (PRINT): _____

Date of Signature: ____ / ____ / ____

You may fax completed form to 559-325-3739 or email to support@clovisautoshop.com