

ALL MAKES COLLISION

1000 L River rd.
San Marcos, TX 78666
Office # 512-353-3700

Credit Card Authorization Agreement.

Customer Name: _____

Address: _____ City _____ State _____

Phone Number: _____

Name on Credit Card: _____

Type of Card: _____ Transaction Amount: \$ _____

Credit Card #: _____

CVV (3 Digit Code): _____ Expiration Date: _____

Credit Card Billing Address: _____

Zip Code: _____

_____ herby authorizes All Makes Collision, to initiate Debit and
(CUSTOMER)

Credit entries to Customer's credit card account indicated below, and further authorizes the institution who issued the card to debit or credit such entries to the Customer's credit card account:

This agreement may be terminated by Customer, or All Makes Collision. Upon fifteen (15) days written notice to the other party. Termination shall in no way effect debit and credit entries initiated prior to actual receipt of notice of termination.

AUTHORIZED THIS _____ DAY OF _____ 20____

Signature: _____ Print Name: _____

APPROVED BY: _____ Date: _____

Please fax to: (512) 353-3705
Or e-mail to
eddies@allmakescollision.com