



### **Credit Card Authorization Form**

Company: \_\_\_\_\_

Amount of Transaction: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

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

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

3 or 4 Digit Security Code: \_\_\_\_\_

Full Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Billing State & Zip: \_\_\_\_\_

Invoice Number Charge Pertains To: \_\_\_\_\_

THIS MONEY WILL BE USED FOR THE FOLLOWING:

- DEPOSIT TO BE APPLIED TO PURCHASE/LEASE VEHICLE
- GOOD FAITH DEPOSIT TO BE CREDITED BACK AT TIME OF DELIVERY
- TO PAY FOR ACCESSORIES
- TO PAY FOR TAG/TRANSFER DEFICIT
- SPECIAL ORDER CAR NON-REFUNDABLE DEPOSIT
- OTHER \_\_\_\_\_

\*Transmission of this form by a parcel service, fax or by electronic fax gives Excel Auto Group the authorization to charge the above credit card for the amount indicated.