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Credit Card Payment Authorization Form

Sign and complete this form to authorize **CORP CAR SERVICE** to charge your credit card.

Please complete the information below:

I _____ authorize **CORP CAR SERVICE** to charge my credit card for the
(Full name)

Service _____ Date _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; as long as the transaction corresponds to the terms indicated in this form.