

CREDIT CARD AUTHORIZATION FORM

Please print and complete this authorization and return to us at
(229) 883-4241 or payments@albanymotorcars.com.

Please provide a legible copy of the front and back of the credit card listed below.

All information is secure and confidential.

**You may also choose to go to www.albanymotorcars.com and select
“Pay Online” on the bottom left. All payment documentation will be forwarded to the
appropriate department for posting to your account.**

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard
 _____ Amex _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card ID Number (last 3 digits located on the back of the card): _____

Authorized Amount: \$ _____

I authorize Albany Motorcars to charge the agreed amount listed above to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder

Signed: _____

Printed: _____

Dated: _____