

OPEN ROAD of Manhattan LLC

629 West 54<sup>th</sup> Street

New York, NY 10019

(212) 247-1444

SERVICE FAX: (212) 515-8297 or (212) 515-8268/ PARTS FAX: (212) 515-8271

Accounting Fax: (212) 515-8272

AUTHORIZATION OF PAYMENT

I, \_\_\_\_\_ hereby authorize Open Road of Manhattan to charge the following amount of \$ \_\_\_\_\_ to my credit card.

Credit Card Type

Visa (    )

Master Card (    )

American Express (    )

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_      CCV# \_\_\_\_\_

Printed Name That Appears on Card \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Drivers License Number \_\_\_\_\_

DL State \_\_\_\_\_

DL Expiration number \_\_\_\_\_

Thank you for your cooperation in providing the above information. We require this information for all transactions to protect you as well as us from fraudulent credit card use.