



Credit Card Authorization Form

I, \_\_\_\_\_ authorize **Dana Motors LTD**  
(Insert Card Holder Name )

To charge \$ \_\_\_\_\_ against my credit card for

Customer \_\_\_\_\_ Invoice or Deal # \_\_\_\_\_  
(Insert Name)

Credit Card Type: (check one) ✓

Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Discover \_\_\_\_\_ American Express \_\_\_\_\_ Debit \_\_\_\_\_

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

\_\_\_\_\_  
Print name as it appears on card

\_\_\_\_\_  
(Signature of Card Holder )

\_\_\_\_/\_\_\_\_/2021  
Date:

CONFIRMING MANAGERS OR SERVICE ADVISORS SIGNATURE:

\_\_\_\_\_  
Please complete form & Fax back to:

Cashier Department Fax # 718-682-1049

**(Please attach a copy of Credit Card and  
Drivers license of Card Holder)**