



4325 West Hwy 90
Lake City, Florida 32055
386-755-3444

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Sunbelt CDJR to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Sunbelt CDJR to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> Other
Cardholder Name	_____				
Account Number	_____				
Expiration Date	_____				
CCV #	_____				

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, and is valid for one time use 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; so long as the transaction corresponds to the terms indicated in this form.

Please fill out above information, provide copy of Drivers License and Copy of front and back of Credit Card being authorized and Fax to: 1-386-755-2681 for Secure transaction.

Email at own risk to sunbelt-cdj@hotmail.com