







CREDIT CARD AUTHORIZATION FORM

I hereby authorize my credit/charge/debit card to be charged for invoice # _____ in the amount of US \$ _____. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

Please return this completed form by: **Fax:** (305) 373-6804 or **Email:** Gianna@AccarLtd.com

Print Your Name:		Your Signature:	
Order / Invoice/ Item #:		Date:	
Place or Attach a Copy of The Front of Your Credit Card		Place or Attach a Copy of The Back of Your Credit Card	
Place or Attach a Copy of The Front of Your Driver's License (United States Only) A Valid Passport is required for all International Sales. Copy of the inside cover/photo/full name and signature		Place or Attach a Copy of The Back of Your Driver's License (United States Only) A Valid Passport is required for all International Sales. Copy of the Passport Number	
Please Circle One:    			
Card Holder Name:		Credit Card Number:	
Company:	Expiration Date:	CVV Code:	
Company Contact Phone:	Billing Zip:	Billing Phone:	
Company Contact Email:			

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.