



# Credit Card Authorization Form

Please fill in all of the requested information below and fax the authorization form back to **609-883-0624** or **609-883-1093**. All of the information must be completely filled out in order to process your request. Please write clearly. Thank you.

ORDERED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEALERSHIP: \_\_\_\_\_

SHIP TO:  DEALERSHIP ADDRESS  BUSINESS ADDRESS  RESIDENTIAL ADDRESS

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(County)

### PAYMENT INFORMATION - PLEASE COMPLETE THE INFORMATION BELOW.

CHARGE TO THE FOLLOWING CREDIT CARD:  CORPORATE OR  PERSONAL

AMEX  VISA  MASTERCARD  DISCOVER

CREDIT CARD NO.: \_\_\_\_\_ EXP. DATE (MONTH/YEAR): \_\_\_\_/\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS:  **SAME** AS CORPORATE ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

RECEIPT (E-MAIL OR FAX): \_\_\_\_\_

I AM AN AUTHORIZED USER OF THE ABOVE-MENTIONED CREDIT CARD AND NJ CAR SERVICES, INC. IS AUTHORIZED TO CHARGE THIS CARD THE TOTAL AMOUNT DUE.

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_