



140 SE 7th Avenue, Boynton Beach, FL 33435
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Credit Card Authorization

This letter will serve as authorization to charge my credit card for any charges incurred on behalf of our normal business operations or myself

Card Type and Number _____
Expiration Date _____
Cardholders Name _____
Billing Address _____
Verification Number* _____

*To find your card verification number: Visa & MasterCard number appears as 3 digit number on the back of the card and to the right of your card number.

American Express number appears as a 4 digit number printed on the front of your card after and to the right of your card number.

I hereby confirm as to each of the charges:

- That I authorized this merchant to submit each of these current charges and any future charges that may be incurred.
- That I have received all the products or services associated with all of these transactions.
- That I am satisfied with the products or services provided to me in connection with these transactions.
- That I have no dispute and agree to waive any dispute rights that I might otherwise have in connection with these transactions.
- That I agree to pay for these charges pursuant to my agreement with the card issuer.

I understand that credit card funding decisions are being made and I agree that the above merchant's credit card processor may rely upon my statements on this letter.

All Refunds take 20 - 30 days to be processed

To complete this transaction you must include a legible copy of the credit card and picture identification with a signature

Cardholders Name _____
(type or print)

Signature _____

Date _____