



Bobcat of Metro Dade
11913 NW 99th Avenue
Hialeah Gardens, FL 33018-2937
305-362-6632

Please Complete and Fax to: 305-362-6861

Credit Card Authorization Form

In lieu of my credit card imprint, I,

_____ (Name of Cardholder exactly as Shown on Credit Card)

hereby authorize **Bobcat of Metro Dade** to charge my order to the following credit card:

VISA MasterCard American Express Discover.

Card number

Expiration date (Month/Year)

CVV2 Security code (MasterCard/Visa/Discover last 3 digits on back of card, AMEX 4 digits on front above card number to the right)

THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

Street address

Address (cont.)

City, State, Zip Code

Country

Email Address for Receipt

Phone number

CARDHOLDER AUTHORIZED BILLING AMOUNT:

Total Billed to Card \$

By signing below and submitting for payment, I acknowledge acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing credit card.

Signature as it appears on cardholder's credit card

Today's date

This form must be completed in full and all information must be true and correct in order for your payment to be processed.

Branch Use: Document/Invoice #: _____