

ATLANTA DIRECT AUTO
Credit Card Authorization Form

I, _____, hereby authorize **Atlanta Direct Auto**, to charge my credit card account in the amount of \$1000.00 \$500.00 for the following transaction:

- **DOWN PAYMENT IS NOT REFUNDABLE INITIAL**

* Down Payment on Vehicle Purchase \$ _____ (Out The Door)

* Outstanding Balance \$ _____

VISA MasterCard Discover AMX (Only)

Credit Card Number: _____

Expiration Date: ____/____/____ CVV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ - _____ (Daytime)

As the credit card holder, I agree to pay the total amount as entered above. This charge is non-refundable unless agreed upon by both parties (MERCHANT AND CUSTOMER) in writing.

Cardholder's Signature

_____/_____/_____
Date

*Your completion of this authorization form helps us protect you, our valued customer, from Credit Card Fraud. **Atlanta Direct Auto** will maintain privacy and confidentiality of your information*

Fax signed form to **866-932-9643** or Email to AtlantaDirectAuto@gmail.com no cover sheet is

DRIVER LICENSE	FRONT OF CREDIT CARD
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