



ROCHELLE PARK, NJ

### CREDIT CARD BILLING AUTHORIZATION FORM

Name: \_\_\_\_\_

Circle Credit Card Type:



A M E X

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC Security Code: (last 3 digits on back of card or 4 digits on front of card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Order # \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

As the credit card holder, I hereby authorize Bergen County Harley-Davidson/BMW to charge my credit card for the amount above.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Include a photocopy of your driver's license and the FRONT & BACK of the signed credit card. This is required to prove that you are the actual cardholder and have the card in your possession, as well as match the signature to it.

Complete and fax all documents required to our secure Fax # 201.843.0384 Attn. Joey

Your completion of this authorization form helps us to protect you, our valued customers from credit card fraud. All information on this form will be kept strictly confidential.