

# ChauffeursLane

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## CREDIT CARD AUTHORIZATION FORM

### CARD HOLDER INFORMATION

CARD HOLDER NAME (PRINT):

CARD HOLDER ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

FAX:

ACCOUNT #:

### CREDIT CARD INFORMATION

CARD TYPE:

☐ AMEX ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD NUMBER:

EXPIRATION DATE (MM/YY):

CVC/CVV SECURITY CODE:

### AUTHORIZED SIGNATURE

CARD HOLDER SIGNATURE:

*Sign here*

DATE:

### AUTHORIZED USERS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### ACKNOWLEDGMENT

Rates, terms, and conditions are subject to change without prior notice.

FAX COMPLETED FORM AND ALL RELEVANT DOCUMENTS TO:  
**(470) 903-2932**