



**AUTHORIZATION TO CHARGE CREDIT CARD**

Please fax completed form to: (240) 247-1899

**PLEASE PRINT**

I hereby authorize Dodge Chrome, Inc. to charge \$\_\_\_\_\_ to the following Credit Card:

I would like Dodge Chrome to maintain my credit card information on file for future transactions.

*(Please leave the charge amount above blank for future authorizations.)*

**CARDHOLDER INFORMATION**

\_\_\_\_\_  
Cardholder Name (as it appears on credit card.)

\_\_\_\_\_  
Company Name (if card is issued under company name.)

\_\_\_\_\_  
Billing Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**CARD INFORMATION**

CARD TYPE (circle one):    VISA                      MASTERCARD                      AMERICAN EXPRESS

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

\_\_\_\_\_  
CVV Code

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

\_\_\_\_\_  
Cardholder or Authorized Signature

\_\_\_\_\_  
Date