



CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION

NAME ON CREDIT CARD					
TYPE OF CREDIT CARD					
COMPANY NAME					
CREDIT CARD #					
EXPIRATION DATE				SECURITY CODE	
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		FAX#		EMAIL	

AUTHORIZED USER OF CREDIT CARD

NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
INVOICE # / PO#	
AUTHORIZED AMOUNT	
DATES OF CHARGES	

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.
 I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. **We will charge processing fees of 5% for American Express Cards and 4% for all other cards.**

Please complete form and fax it to 602-437-7209 or email HMorgan@editraffic.com
DO NOT INCLUDE THIS FORM WITH THE REPAIR UNITS

CARDHOLDER NAME:	
SIGNATURE:	
DATE:	

Rev0262024