



3400 Mc Daniel Road
Duluth, Ga. 30096
770-623-6300
770-623-4300 FAX

CREDIT CARD AUTHORIZATION

FROM _____ (CARD HOLDER NAME)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

I authorize Sports and Imports Collision to charge my credit card for the following repairs:

REPAIR ORDER # _____ AMOUNT \$ _____

Credit card type: Visa Amex Master Card Discover

Credit Card Number _____

Expiration Date _____ Security Code _____
(3 digit code on back 4 digits for Amex on front)

NAME ON CARD _____

CARD HOLDER'S SIGNATURE _____

DRIVER'S LICENSE NO. _____ STATE _____ EXPIRATION DATE _____

**PLEASE NOTE: COPY OF CREDIT CARD REQUIRED (FRONT AND BACK) AND DRIVERS LICENSE.
PLEASE MAKE SURE YOU ENLARGE THE COPY OF THE CARD, SO WE CAN READ IT WHEN IT
COMES ACROSS THE FAX.**