



CREDIT CARD PAYMENT AUTHORIZATION FORM

15061 92nd Ct N
West Palm Beach, FL 33412
Main: 561-450-5460
Fax: 561-450-8517

COMPANY NAME:

CARDHOLDER NAME:

CARD TYPE(CIRCLE ONE): VISA MASTERCARD

ADDRESS AS IT APPEARS ON CARD STATEMENT:

STREET ADDRESS 1: _____

STREET ADDRESS 2: _____

CITY, STATE: _____ ZIP: _____

CREDIT CARD NUMBER: _____ - _____ - _____

EXPIRATION DATE: ____/____ (MM/YY)

CVV NUMBER: _____

AUTHORIZATION (CIRCLE ONE): ONE TIME AUTHORIZATION AUTHORIZED FOR ALL FUTURE PURCHASES

PLEASE CIRCLE ONE: ONLY CARD ON FILE

CARD REPLACES EXISTING CARD ON FILE

CARD IS IN ADDITION TO EXISTING CARD ON FILE

PLEASE INCLUDE A COPY OF THE CARDHOLDER'S DRIVER'S LICENSE AND A COPY OF THE FRONT AND BACK OF THE CREDIT CARD

I acknowledge and authorize MVP Parts, LLC to charge the above credit card account for purchases of computer parts and services as requested. I agree to update any information regarding this credit card account. The above information is complete and correct.

Cardholder Signature: _____ Date: _____