



# 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: \_\_\_\_\_