



Credit Card Authorization Form

Thank you for choosing Drive In Autosound! Please complete this form and fax it back to 719-573-7130. We gladly accept **Visa, MasterCard, American Express, Discover** and **Novus**. Please print neatly:

Your Name as it appears on **YOUR credit card**: _____

Your address exactly as it appears on your credit card's billing statement:

Your credit card number: _____

Expiration date: _____ / _____

Customer Service telephone number (found on the back of your credit card): _____

Three of four digit verification code: _____

Type of card: _____ American Express _____ Discover _____ Visa _____ Mastercard



Visa's and MasterCard's 3 digit code is on the back of your card in the area circled above. American Express's 4 digit code is on the front of the card.

Description of product: _____

Price: \$ _____

Shipping cost: \$ _____

Total Amount Charged to Credit Card: \$ _____

I agree to pay the above charges according to the card issuer's Agreement. I understand that my signature on this contract will serve as my authorization on the credit charge slip and as signature on file for all authorized charges and outstanding balances now and in the future. I UNDERSTAND AND THAT USING A CREDIT CARD FRAUDULENTLY IS ILLEGAL AND CHARGES WILL BE PURSUED TO THE FULL EXTENT OF THE LAW.

Signature: _____ **Date:** _____

Your contact phone number: _____

Please note that charges will appear from Drive In Autosound on your credit card statement.