

# Elite Auto Center of Gainesville, Inc

**3728 NE 4<sup>TH</sup> Street**

Gainesville, Fl 32609  
352-372-6340 Fax 352-372-2613  
Email elitetowingfl@gmail.com

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Elite Auto Center of Gainesville, Inc. to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I \_\_\_\_\_ authorize Elite Auto Center of Gainesville, Inc. to charge my credit card account indicated below This payment is for

Towing and/or Recovery.  
(description of goods/services)

in the amount of \$ \_\_\_\_\_.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MastetrCard	Discover	AMEX
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVC Code _____	Billing Zip Code _____		

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.