

John Eagle Collision Center
Authorization to Charge Credit Card

Date: _____

The following information is provided for the processing of charges on my credit card. My signature below authorizes John Eagle Collision Center to process those charges for services rendered as payment due.

Customer First and Last Name: _____

Amount Authorized to Charge: \$ _____

Type Card: Visa ___ **Master Charge** ___ **American Express** ___ **Discover** ___

Credit Card Number: _____

Name as shown on card: _____

Expiration Date of Card: _____

Authorized Signature _____

Please print and FAX this completed form to (214) 353 - 3574 with a copy of your driver's license to complete this authorization