



North Amherst Motors

Collision • Mechanical • Rental

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CREDIT CARD BILLING AUTHORIZATION FORM

Please complete all fields.

CARD HOLDER INFORMATION		
Company Name:	Name On Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	
Vehicle (Year/Make/Model):	Repair Order Number:	
PAYMENT INFORMATION		
Card Type: <input type="checkbox"/> Visa • <input type="checkbox"/> MasterCard • <input type="checkbox"/> Discover		
Card Number: _____	Exp. Date: _____	
CVV2 (3 Digits on back of card): _____		
Authorized Amount:	\$ _____	
AUTHORIZATION		
By signing below, I authorize the purchase of services and, or merchandise from North Amherst Motors, Inc. using the credit card information provided above. I agree to pay the specified total amount according to my card issuer agreement. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.		
_____	_____	_____
PRINTED NAME	SIGNATURE	DATE

FAX COMPLETED FORM TO (413) 549-4111

Thank You!