



**North Amherst Motors**

**Collision • Mechanical • Rental**

P.O. Box 9607 • 78 Sunderland Road  
 North Amherst, MA 01059-9607  
 (413) 549-2880 • Fax (413) 549-4111  
 Info@NorthAmherstMotors.com

www.NorthAmherstMotors.com

## CREDIT CARD BILLING AUTHORIZATION FORM

**Please complete all fields.**

CARD HOLDER INFORMATION		
Company Name (If Applicable):	Name On Card:	
Card Holder Billing Address:	Apt/Ste/Floor:	
City:	State:	Zip:
Telephone:	Email Address:	
Vehicle (Year/Make/Model):	Repair Order Number:	
PAYMENT INFORMATION		
Accepted Card Types: <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. DO NOT TRANSMIT BY EMAIL.  
 ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE.**

*Thank You!*