

## CREDIT CARD AUTHORIZATION REQUEST

I \_\_\_\_\_ (card holder) hereby authorize  
Champion Toyota to charge my credit card for the amount of  
\$ \_\_\_\_\_ Invoice # \_\_\_\_\_

I verify that I am the true credit card owner.

Name on Credit Card \_\_\_\_\_  
\_\_\_ American Express \_\_\_ Discover \_\_\_ Mastercard \_\_\_ Visa  
Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Check Digit or Security # \_\_\_\_\_  
Billing Address for Credit Card :

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Ship To Address (if different than on credit card)

Name \_\_\_\_\_  
Address \_\_\_\_\_

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

Signature of card holder \_\_\_\_\_

Toyota Model & Year \_\_\_\_\_

Please fax back to: 713-943-8930. Thank you.