

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled by customer and/or expiration.

Credit Card Information				
Card Type:	MASTERCARD	VISA	DISCOVER	AMEX
	OTHER _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____			CVV _____	
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize J&R Technical Services, Inc. to charge my credit card above for agreed upon repairs/purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date