



Credit Card Fax Authorization Form

In order to prevent charge-backs, it is necessary for you to send us a completed credit card authorization form as shown below. Please fill out this form and fax or email to:

NATIONAL FLATBED, LLC
107D EAST MAIN STREET, PURCELLVILLE, VA 20132
Phone: 602-344-9268
Fax: 602-344-9325
admin@nationalflatbed.com

I, _____, hereby authorize NATIONAL FLATBED, LLC
to debit my:

_____ VISA _____ AMEX _____ MasterCard _____ Discover

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____ (Located on back of card)

IN THE AMOUNT OF \$ _____ FOR THE FOLLOWING SERVICES:

My Billing Address is: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cardholder's Signature

Date
