

Authorization for Credit Card Use

allbrightrepair@aol.com (954) 765-6272

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All Bright Repair LLC

All Information Will Remain Confidential

1602 NE 50th Court

Card Info:

Fort Lauderdale, FL 33334

Name: _____ Email: _____

Address: _____

_____ Apt.# _____

Phone: _____ - _____ - _____ ext. _____

Card Type: Visa _____ Mastercard _____ Discover _____ AmEx _____

Card # _____

Exp Date: _____ - _____ (please note we do not need your CCV number for YOUR security)

Amount to Charge: \$ _____ (standard model diagnostic is \$89.00)

Maximum Amount to Spend: \$ _____ (some models are NOT cost effective repairs)

Please note that condo/association fees are \$29.50 additional (ex: high rise building)

Commercially or 'used as' units will be diagnosed at \$118.00 (ex: coin-op or Air BnB)

I authorize All Bright Repair LLC to charge the amount listed above or verbally approved by the owner, property manager or person in charge of this equipment and agree to pay for this purchase in accordance with the issuing bank card holder agreement.

Signature: _____ Date: ____/____/____

Property Address: (if different then above)

Address: _____

Tenant Name: _____ Phone: _____ - _____ - _____

THANK YOU FOR YOUR BUSINESS!