

**Authorization for Credit Card Use:** allbrightrepair@gmail.com

Print & Complete This Authorization & Return

All Bright Repair LLC.

All Information Will Remain Confidential

1602 NE 50th Court

**Card Info:**

(954)-765-6272

Fort Lauderdale, FL 33334

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_

Card# \_\_\_\_\_ CCV \_\_\_\_\_

Exp Date: \_\_\_\_\_ - \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (standard model diagnostic is \$89.00 + parking)

Maximum Amount to Spend: \$ \_\_\_\_\_ (some models are NOT cost effective to repair)

\*Please note condo COI fee's are \$29.50 additional (we do NOT do additionally insured)

\*Commerical or high end models will be diagnosed at \$118.00 (ex Sub Zero/Viking)

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 service/purchase in accordance with the issuing bank card holder agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tenant Name & Address if Different Than Above: \_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR YOUR BUSINESS!