



Freehold Collision Center Inc.

Freehold Auto Body LLC

Phone (732) 414-2530|Fax (732) 414-2529|Email: freeholdcollision@gmail.com

License #02211A Tax ID: 20-5740101

CREDIT AUTHORIZATION FORM

Sign and complete this form to authorize Freehold Auto Body LLC (dba Freehold Collision Center Inc.) to make a one-time debit to your credit/debit card listed below.

By signing this form, you give permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Freehold Auto Body LLC (dba Freehold Collision Center Inc.) to charge my credit account indicated below for _____ on or after _____.

This payment is for _____.

Billing Address _____

City, State, ZIP _____

Phone# _____

Account Type: __ Visa __ MasterCard __ Discover __ AMEX
Name _____
Card Number _____
Expiration Date _____
CVV (3 digit on Visa/MC/Discover, 4 digit on AMEX) _____

Signature: _____ Date: _____

Print Name: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this account and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. There is a 3% administration fee for transactions over \$3,000.