

CAR Collision Center
7399-B Ward Park Lane
Springfield, Va 22153
(703) 455-0181

Credit Card Authorization by phone, fax, or email

I _____ authorize CAR Collision Center to
Full name (as it appears on the credit card)

charge \$ _____ on my Visa-Mastercard-Discover card. (Please circle or underline one)

My full address is _____
Street City Zip

This charge is for the repairs of a _____
Year Make Model

VIN# _____

The vehicle owners name is: _____

Credit Card# _____

exp: ____ / ____ Verification code: _____

This is a non-refundable charge. There is a 3% charge for the transaction by phone.

Signature: X: _____ Date: _____

Printed name: _____