



Credit/Debit Card Authorization Form

Customer Information					
Name:					
Address:					
City:		State:		Zip:	
Phone:					

Credit Card Information					
CHECK ONE: Recurring authorization <input type="checkbox"/> One-time authorization <input type="checkbox"/> (\$5 Fee)					
Cardholder Name (exactly as it appears on the card)					
Credit Card Billing Address (if different than home address):					
City :		State:		Zip:	
Credit Card type (select one)	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	American Express <input type="checkbox"/>		
Debit Or Credit (select one)	Debit <input type="checkbox"/>	Credit <input type="checkbox"/>			
Expiration Date (MM/YY)		VID Code (3-Digit code on back)			
Credit Card Number:					

Payment Information			
Payment Amount:		Payment Date:	

Authorization	
I authorize Concord Auto Funding to charge the credit card specified above for the amount and on the date specified above. My Signature below indicates that I am agreeing that I am the accountholder or have the authority of the accountholder to authorize 101 Auto Funding to charge the named credit card.	
Name:	
Signature:	Date:

Mail Document to: 21781 Ventura Blvd #551 Woodland Hills, CA 91364 Fax Document to: 818-617-9613 – Email Document to: info@concordautofunding.com
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