

3105 NW 107th Avenue, Suite 400, Doral, Florida

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Florida Imports CHB, Inc. to make one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount shown below 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 accounts.

I	authorize Florida Imports CHB, Inc. to charge my credit	
card account indicated below for \$	on or after (date)	This payment is
for		
(description of services)	_	
Billing Address	Phone#	
City, State, Zip	Email	
Account Type	☐ AMEX ☐ Discover	
Cardholder Name		
Account Number		
Expiration Date	CCV (Security Code)	
Signature	Data	

I authorize the above name business to charge the credit card indicated in the 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 only time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, as long as the transaction corresponds to the terms indicated in this form