



Golden Touch Auto Body
402 Broadway
Newark NJ 07104
Phone 973-483-2640
Fax 973-483-2725

One Time Credit Card Authorization Form

Sign and complete this form to authorize **Golden Touch Auto Body** to make a one time debit to your credit card listed below.

By signing this form you give us 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.

CARDHOLDER INFORMATION

Company /Name:

Billing Address:

City/State/ZIP:

Phone or Email:

Date:

CREDIT CARD INFORMATION

Account Type: Visa MasterCard
 American Express Discover

Cardholder Name:

Account Number:

Expiration Date:

CVV2 (digits):

VERIFICATION

Signature: _____

Date: _____

Payment purpose: _____

I authorize the Golden Touch Auto Body to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the purpose stated above, for the amount indicated above only, and is valid for one-time use only.