

CREDIT CARD AUTHORIZATION FORM

ALLCREDIT ACCEPTANCE COMPANY, LLC
645 Molly Lane STE 100A Woodstock, GA 30189
678.494.6010 OFFICE 678.384.7154 FAX



Please complete this authorization and return it to our office by fax: 678.384.7154 or by regular mail.

Customer name: _____ Account Number: _____

Cardholder Name: _____

Address: _____

Credit Card Type:

_____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number:

_____ - _____ - _____

Expiration Date:

_____ / _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Payment amount: \$ _____ (USD)

Payment Schedule as checked:

One time only on _____

Monthly beginning on _____

Semi- Monthly beginning on _____

By signing below, you authorize All Credit Acceptance to make debit entries from your account to All Credit Acceptance's bank account in accordance with the payment schedule. Your payment will be made automatically from your designated account. If your due date falls on a weekend or holiday, your payment will be process on the next business day. A convenience fee of \$7 dollars will be charged with each transaction.

Date: _____

Signature: _____