

**Credit Card Authorization Form****PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I, \_\_\_\_\_,

hereby authorize Marisat Inc. T/A Auto Exchange to charge my credit card for the following:

\_\_\_\_\_ Sale Price, Buyer Fee and Loading Fee

\_\_\_\_\_ Storage

\_\_\_\_\_ Registration Fee

\_\_\_\_\_ Misc. Fee

\_\_\_\_\_ Handling Fee

\_\_\_\_\_ Today's Authorized Charge of \$ \_\_\_\_\_ (Includes a \$ \_\_\_\_\_ Handling Fee)

Card Holder Credit Card billing address: \_\_\_\_\_  
(Including Zip Code)

The last three digits of verification code printed on signature line on back of credit card: \_\_\_\_\_

GENERAL WAIVER: I am satisfied with the services/goods provided by Marisat Inc. t/a Auto Exchange and I understand that execution of this Credit Card Authorization Form constitutes a waiver of certain rights. I hereby waive any and all claims, demand, actions, causes of action suits in equity of any kind or nature, past, present, or future, against Marisat Inc. T/A Auto Exchange including claims based on negligence of Auto Exchange or its employees.

\_\_\_\_\_  
(Card Holder Signature)\_\_\_\_\_  
(Daytime Telephone)

PLEASE FAX YOUR DRIVER'S LICENSE, YOUR CREDIT CARD, FRONT AND BACK, AS MENTIONED ABOVE AND YOUR BUYER ID CARD WITH THIS AUTHORIZATION FORM TO 732-238-9821

**Do not write below this line**

For Office Use Only: Received By: \_\_\_\_\_ Date Processed: \_\_\_\_\_