

**Classic Car Transport**  
1920 West 143<sup>rd</sup> Street, Ste. 190  
Leawood, KS 66224  
913-897-9100

**Credit Card Payment Authorization Form**

Sign and complete this form to authorize Classic Car Transport, LLC to make debits to your credit card listed below.

By signing this form you give us permission to debit your account for services provided according to the terms below. This is permission to process for a multiple transactions and this information will be kept on file. Written cancellation is required.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Classic Car Transport, LLC to charge my credit card  
(full name)  
account indicated below. These payments are for vehicle transport services provide to  
\_\_\_\_\_  
(Company Name)

Terms Outbound Transports – ON PICKUP / Inbound Transport – ON DELIVERY

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. 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; so long as the transaction corresponds to the terms indicated in this form.