CREDIT CARD AUTHORIZATION FORM
All information will remain confidential

I, _____, authorize USA Auto Collision Center & Glass to charge my Credit card above for the amount of $ _____

Card Type: Visa ☐ Master Card ☐ Discover ☐ AmEx ☐

Cardholder Name (as Shown on card) _____

Card Number _____

ExpirationDate (mm/yy) _____ **CVV (3-digit code)** _____

Billing Address _____

City _____ **State** _____ **Zip Code** _____

SIGNATURE _____

DATE _____

PRINT NAME _____

9542 Sidney Hayes Rd
Orlando, FL 32824
(407) 240-5808

9423 S Orange Ave
Orlando, FL 32824
(407) 757-0077
Main Office

929 W Lancaster Rd.
Orlando FL 32809
(407) 530-0601