

## Credit Card Payment (Authorization Form)

Date:

Customer: Name  
Address  
City, State, Zip

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Credit Card Type: ( ) American Express ( ) Discover ( ) Mastercard ( ) Visa

Credit Card Number:

Expiration Date:

CVC Security Number: (Last 3 digits on back of card or 4 digits on front of card – amex only)

Issuing Bank:

Amount:

Name as it appears on the credit card:

Billing Address of Credit Card:

Ph:

Fax:

Email:

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### Driver's License Information

Name on License:

License / ID Number:

Issuing State:

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Notes:

I understand that by signing this form I give authorization to JT Repair, Inc. to charge my credit card for the above charges and agree to abide by the terms and conditions set forth by JT Repair, Inc. and the issuing credit card company. Furthermore, I understand and agree that the charges specified above are irrevocable and may not be charged-back at any time in the future and that all sales are final. I acknowledge that my liability for these charges will not be waived and that I will be held personally liable in the event that the issuing institution refuses to pay the full amount

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Disclaimer: Repairs left over 30 days will be sold to cover repair cost and fees. JT Repair, Inc is not responsible for lost, stolen, damaged equipment and/or accessories. By signing you the customer agree to the terms and conditions set forth by JT Repair, Inc.