



Graham Tire & Auto  
1 Alumni Dr. Exeter, NH 03833  
Phone: 603-772-1817

**CREDIT CARD AUTHORIZATION**

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all information below to ensure prompt processing of your payment application. We ask that you please sign and date the form before submission. Please fax the completed form to 603-772-1683.

**CARD HOLDER INFORMATION**

Name as it appears on the credit card:

\_\_\_\_\_

Card Type: ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER ☐ JCB

Account Type: ☐ Individual (personal credit card) ☐ Corporate-company  
name \_\_\_\_\_

Card Number:

\_\_\_\_\_

Billing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Card Holder Phone Number:

\_\_\_\_\_

**CUSTOMER INFORMATION**

Name: \_\_\_\_\_ Company Name:

\_\_\_\_\_

Customer Invoice Number: \_\_\_\_\_ Customer Phone  
Number \_\_\_\_\_

Relation to card holder:

\_\_\_\_\_

**APPROVED CHARGES**

Repairs:

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Graham Tire & Auto, Exeter, NH to collect payment for all charges as indicated in the approved charge section of this form by processing a charge to the credit card listed above. Charges may not exceed \_\_\_\_\_. I understand that new form will have to be completed if a customer wished to authorize additional repairs. I certify that I am the authorized signer of the card listed above.

**Card Holder Name (Printed):**

**Card Holder Signature:**

**PLEASE NOTE: A clean legible copy, front and back of the credit card (which must be signed by the card holder) must be sent back with the authorization form in order to process this request. A copy of the card holders picture ID must also be attached.**