



CREDIT CARD BILLING AUTHORIZATION FORM

NAME: _____

CIRCLE CREDIT CARD TYPE: VISA MASTERCARD AMEX

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVC SECURITY CODE: (LAST 3 DIGITS ON BACK OF CARD OR 4 DIGITS ON FACE OF CARD)

BILLING ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____

PHONE NUMBER: _____

WORK ORDER # _____

AMOUNT AUTHORIZED: \$ _____

As the credit card holder, I hereby authorize Bergen County Harley-Davidson & Buell to charge my credit card for the amount above.

Cardholder's

Signature _____ Date: _____

Include a photocopy of your driver's license and the FRONT and BACK of the signed credit card. This is required to prove that you are the actual cardholder and have the card in your possession, as well as match the signature to it.

Complete and fax all documents required to our secure fax at: 201-655-7141

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information on this form will be kept strictly confidential.