



Credit Card Authorization Form

I, _____, hereby authorize Mechina of South Florida
Print Name

to charge \$ _____ to the credit card listed below for _____.

-----One Time

-----Monthly Charge of \$ _____ for _____ payments,

beginning _____ ending _____

Credit card number: _____

Expiration date: _____
(month and year)

Billing Address: _____
Street Address City, State Zip

Phone: _____

Signature *Date*

