



Authorization to Charge Credit Card

Today's Date:		
This authorization is for a (check one):	Single purchase _____	Blanket purchase _____

Service Information (where we will perform services):	
Contact Name:	
Service Address:	
City, State, Zip:	
Telephone:	

Credit Card Information:				
Card Type (circle):	Visa	MasterCard	Discover	American Express
Issuing Bank:				
Card Number:				
Expiration Date:				
Cvv2 Number:	(Visa/MC/Discover: 3 digit number on back of card, AMEX: 4 digit number on front of card)			

I authorize anyone at the above address or at other addresses that I designate to sign for services rendered on my behalf ("Representatives").

I am the holder of this card and I authorize the card to be charged for services rendered by Appliance Doctor, Inc. to the above address or at other addresses that I designate. I waive my right to charge back for services rendered and signed for by my representatives or myself.

I have read, understand, and accept Appliance Doctor's Customer Services Agreement General Terms and Conditions and authorize Appliance Doctor to charge my credit card.

Billing Information:	
Charge Amount*:	(*Enter BLANKET if this is to be a blanket Authorization)
Print Name (as it appears on card):	
Card Holder Signature:	
Billing Address & Zip*:	(*The address your billing statement is sent to)

Customer Instructions: Please make legible copies of the front of your credit card and your driver's license or state issued identification, and fax them along with this completed form to: **267-332-0970**. If you have any questions whatsoever, please call us toll free at 1-800-842-4884. Thank you for your continued business.