



Please scan this completed form and email to johnny@metrogolfcars.com

Credit Card Authorization Form

Choose a Credit Card

MC ___ Visa ___ Disc ___ Amex ___

Credit Card #	
Name As It Appears on Card	
Expiration Date	
CVV Code	
Company Name	
Billing Address	
City, State, Zip	

Signed X _____

I authorize Metro Golf Cars, Inc. to charge my credit card for the amount owed

Date _____ / _____ / _____

Credit Card Authorization/Transaction Non-Dispute Waiver

By signing this form, the Client hereby waves the right to later dispute authorized charges made on the credit card number listed above. The client warrants that they agree with the fee's being charged as agreed on said date(s)