



ALCATRAZ LOCKSMITH
"San Diego's Most Wanted!"
416 Broadway, Chula Vista, CA 91910
Office (619) 426-1800

ONE-TIME USE CREDIT CARD AUTHORIZATION FORM

Company Name: _____ **Date:** _____

I, _____, authorize Alcatraz Locksmith to charge my credit card the following:

Amount to be Charged: \$ _____ **Phone #:** _____

Relationship to Cardholder: _____

Credit Card Info: M/C Visa
(Please Circle One)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ / _____
(Month) (Day) (Year)

Credit Card Billing Address: _____

City State: _____

Bill to Zip Code: _____

Card Security Code: _____
(MC/VISA 3 Digit on Back of Card)

Cardholders Name: _____
(Exactly as it appears on the Credit Card)

X _____
(Signature of Cardholder)

Being the cardholder or Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Alcatraz to charge my credit card, for the Locksmith services provided. Alcatraz will provide me with invoice, details for charges. I further agree that in the event my credit card becomes invalid, I will provide Alcatraz with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Alcatraz.

ADDITIONAL REQUIREMENTS:

COPY OF CREDIT CARD & COPY OF DRIVER LICENSE OR VALID I.D.
Please Complete Authorization and Fax to (619) 426-2400