



Credit Card Authorization Form

Today's Date (Month/Day/Year): _____ / _____ / _____

I: _____ authorize Get Financed, LLC

to charge my monthly payment of \$ _____ to my credit card listed below.

Credit Card Information:

Cardholder's Name (as it appears on the card):

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date (Month/Year): _____ / _____

Security Code BACK of Visa or Master Card (3 digits): _____

Security Code FRONT of Amex Card (4 digits): _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature: _____

This authorization form must be faxed to (786) 580-5958 or e-mailed to info@getfinanced.us