

BBQ REPAIR PROS, LLC
Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Card Type: ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on back of credit card or 4 digits on front of American Express): _____

Amount to Charge: \$_____ (USD)

I authorize BBQ Repair Pros, LLC (dba BBQ Renovators) to charge the agreed amount listed above to my credit card provided herein. I understand that in addition to the purchased items and services the Amount to Charge includes a three percent credit card processing fee. I agree that I will pay for this purchase in accordance with the issuing bank/financial company cardholder agreement.

Date: _____

Cardholder Signature: _____

Printed Name: _____

Once signed return the completed form to:

BBQ REPAIR PROS, LLC

Via E-Mail: BBQRepairPros@gmail.com

Via Mail: 26601 Avenida Veronica, Mission Viejo, CA 92691