



Credit Card Authorization Form / Refund Authorization Form

I, _____ authorize CarHub Caledon Chrysler to take payments in the sum of \$ _____ on the following credit card.

Reason for Payments / Refund:

Visa / Mastercard / Amex # _____

Expiry Date _____

Security Code _____

(MC/Visa – 3 digit code on back of card following card # on signature line)

(Amex – 4 digit code listed above last 5 digits on front of card)

Name on Card: _____

_____ Date: _____

Cardholder Authorized Signature

By signing above, I hereby authorize CarHub Caledon Chrysler to bill my credit card indicated for the above referenced amount.

Print Name: _____

Telephone: _____ Fax: _____

Email: _____

CarHub Caledon Chrysler
12435 Highway 50, Bolton ON L7E 1M3
905 857 7888