



M & B SPECIALIST

508 S DIXIE HWY W.
POMPANO BEACH, FL 33060

CREDIT CARD AUTHORIZATION FORM

Date: _____

TYPE OF CARD: ___ VISA ___ MASTER ___ AMEX

CARD NUMBER: _____ -- _____ -- _____ -- _____

SECURITY CODE: _____ EXP. DATE: _____ / _____

CARDHOLDER NAME: _____

AMOUNT: _____ TAX: _____ SHIPPING: _____ TOTAL: _____

BILLING ADDRES: _____

PHONE NUMBER: _____

CONTACT: _____

SHIPP TO: Same as Billing

NAME: _____

ADDRESS: _____

I hereby authorize M&B Specialist to charge the amount stated on my card shown above. I understand and accept this service charges is placed via a telephone and my signature on this form is binding. I understand and confirm that there is no Refund and Return on the repairs and estimation charges. M&B Specialist will not be responsible for any damage caused by testing, shipping and handling or any other causes beyond control.

CARDHOLDER SIGNATURE:

DATE:
