Glenbrook Credit Acceptance Corporation

Credit Card Authorization Form

A clear copy of the credit card and credit card holder's driver's license is required before any payment can be processed.

_____

(Name as it appears on Credit Card) (Current Address) (City, State & Zip Code)

Credit Card Number: _____

Expiration Date: _____ CIV Code: _____ Customer Account #: _____

_____ _____

(Cardholder Authorized Signature) (Date)

_____ _____

(Customers Signature if different from above) (Date)

{ } { }

I.D. **Card**

{ } { }

___ Check here if you will call in your payments with this card on file

___ Check here if Calendar Payments - I authorize payments of $_____ to be charged to the Credit card provided starting on _____ and every due date after until I contact G.C.A.C. to cancel such payment authorization plan.

By executing this Agreement you unconditionally authorize G.C.A.C. to charge this card. I certify the statements and information made in the agreement are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card number. In the case of any issues or disputes concerning any transactions, I will notify G.C.A.C. promptly to rectify the situation prior to notifying my credit card company.

Revised 07-29-2013 BKR **Email acusaft@gmail.com**
100 W. Coliseum Blvd. • Fort Wayne, IN. 46805 • Phone (260) 471-0567 • Fax (260) 471-7756