



Del Rio
DISCOUNT CORPORATION

12501 NW 7th Ave
North Miami, FL 33168
Phone: 305-681-7401 Fax: 305-769-1123

Credit Card Recurring Payment Authorization Form

Sign and complete this form to authorize Del Rio Discount Corporation to make a one time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

*******3% service fee for Visa/MasterCard, Discover and 5% for American Express*******

Please complete the information below:

I _____ authorize Del Rio Discount Corp. to charge my credit card account
(full name)

indicated below for _____ on or after _____. This payment is for _____.
(amount) (date) (Insurance Policy)

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Account Type: Visa MasterCard Discover American Express

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ CVV2 Code (3 digit number on back of Visa/MC) _____

Signature: _____ Date: _____

I authorize Del Rio Discount Corporation to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above until account is paid in full. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.