

**NEWARK MOTOR & EXPORT  
CREDIT CARD AUTHORIZATION**

<b>CUSTOMER NAME:</b>
<b>DRIVER'S LICENSE #:</b>
<b>NAME REQUESTER:</b>
<b>PHONE NUMBER:</b>
<b>FAX NUMBER:</b>
<b>CREDIT CARD TYPE:</b>
<b>CARD NUMBER (WITH 3 DIGIT SECURITY CODE)</b>
<b>EXPIRATION DATE:</b>
<b>CARD HOLDER NAME:</b>
<b>AMOUNT AUTHORIZED:</b>
<b>AUTHORIZATION #:</b>
<b>DATE AUTHORIZED:</b>

**\*\*\* PLEASE PROVIDE COPY OF CREDIT CARD (BOTH SIDES) AND COPY OF VALID  
DRIVER'S LICENSE\*\*\***

**Billing Address:**

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I authorize Newark Motor & Export to bill the invoices indicated above to my credit card account. I verify that I am the cardholder and my signature on this form authorizes payment to Newark Motor & Export.

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**Cardholder Signature** **Date**

**Please call us at 973-589-7456 if you have any questions, or fax the  
signed authorization to 973-589-0167**