

CREDIT CARD AUTHORIZATION FORM

Name on Card: _____

Billing Address: _____

Phone #: _____

Payment Information:

I authorize a one-time charge against my credit card for the amount of \$_____.

Credit Card Information:

Visa MasterCard

Card #: _____

Expiry Date (mm/yy): _____

Security Code (CVV): _____

Cardholder Signature:

Date: _____

We will also require a copy of this credit card, front & back, and a copy of ID, such as a Driver's Licence, front and back.

Please email this completed form and the ID copies to:
staffatdodds@hotmail.com

****Please Note:** This form is only needed if you are a successful bidder and your invoice total is over \$1000.00 and you wish to pay online or over the phone. Do not complete it before the auction or if paying in person.