

# KETONE AUTOMOTIVE, INC

2535 S. 25<sup>th</sup> Ave., Broadview, IL 60155  
(P) 708-344-9998 (F) 708-344-0122

## Credit Card Authorization Form

In order for Ketone Automotive, Inc. to accept and bill your credit card, please complete all fields below, sign, date and fax to 708-344-0122. All information sent is strictly confidential and Ketone Automotive adheres to the highest standards for account data protection.

### Contact/Billing Information (as shown on credit card)

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Credit Card Information

Credit Card Type:  Visa  MasterCard  Discover

Card Holders Name (as shown on credit card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Verification Number / CVV2: \_\_\_\_\_  
(3 digit number on back of credit card)

### Please Check the Appropriate Box

**One Time Use:** I hereby authorize Ketone Automotive, Inc. to charge the indicated credit card the amount indicated above. This is a one-time charge authorization

**Recurring Billing:** I hereby authorize Ketone Automotive, Inc. to charge the indicated credit card on future purchases for the amount due. This Recurring Payment Authorization shall remain in force until cancelled by me in writing or Ketone Automotive, Inc. is notified by fax or email

### Authorization

I hereby authorize Ketone Automotive, Inc. to charge the indicated credit card. I agree that this is either a one time or recurring charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must cancel in writing, fax or email. I will not dispute Ketone Automotive, Inc.'s billing with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with Ketone Automotive, Inc.

Signature of Card Holder (Required): \_\_\_\_\_ Date: \_\_\_\_\_