

**"Tgi gpe{ 'Ugf cp'Et gf k'Ect f 'Cwj qt k cvkqp"
3/73: /658/7688"**

Date: _____ Your Name: _____

Company Name: _____

Billing Address: _____
Street City State ZIP

For Credit Card "Signature on File" service, please fill in date or check for open service.

Date of Service: _____ For Open Service: _____

Name on Card: _____ Card Type: _____

Credit Card Number: _____ Exp Date: _____

Security Code: (AMEX on front of card) _____ MC/VISA (on back) _____

Signature of Card Holder: _____ Date: _____

Request a faxed credit card receipt (check one) Yes _____ No _____

Email Address: _____

Fax Number: _____

This authorization is valid until such written notice of revocation is received by Regency Sedan.

Return fax number is 877-489-1449