



One-Time Credit/Debit Card Authorization Form

National Auto Lenders, Inc.

8004 NW 154th St. Box 395 Miami Lakes, FL 33016
305-828-8730

Sign and complete this form to authorize National Auto Lenders (NAL) to make a one-time debit to your credit/debit card listed below. There is **no processing fee** for this service.

Send the completed and signed form to the above address, FAX it to 305-357-7492, EMAIL to Support@NALenders.com, or TEXT to 305-701-9747.

By signing this form, you give us permission to debit your account for the amount indicated. This is permission for a single transaction only and does not provide authorization for any additional *unrelated* debits or credits to your account. **In the event our attempt to debit your account is rejected or not processed, you give us permission to make one additional attempt to debit or credit your account with the below information within 24 hours of the first attempt.**

I _____ authorize National Auto Lenders to charge my credit card
(full name)

account indicated below for \$_____ upon receipt of this authorization. Apply this payment
(amount in USD\$)

to NAL Account # _____ in the name of _____.
(name of the NAL account holder)

Special payment instructions (optional) _____

Account Type: Visa (debit cards or prepaid only) MasterCard Discover

Cardholder Name: _____ (as it appears on the card)

Card Number: _____

Expiration Date: _____ CVV2 (3 digit number on back of card): _____

Billing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____ (to receive a receipt)

All information on the form must be complete (fully filled in), accurate, and legible. NAL reserves the right to refuse to process a payment if the form is incomplete, if there are errors in the information, or all or some of the information is unreadable. Payments received during regular business hours will be processed the same day. Otherwise, the payment will be processed the following business day. Your receipt will be emailed to the address provided.

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This authorization is for the payment described above, for the amount indicated above only, and is valid for one time use only (unless rejected as outlined above). 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.