

## National Auto Lenders, Inc.

Attn: Payment Processing  
14645 NW 77<sup>th</sup> Avenue  
Suite 203  
Miami Lakes, FL 33014  
305-822-2886

### One Time Credit/Debit Card Payment Authorization Form

Sign and complete this form to authorize National Auto Lenders (NAL) to make a one time debit to your credit/debit card listed below. Send the completed and signed form to the above address or FAX it to 786-272-0016. There is no processing fee for this service.

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.

#### Complete the information below:

I \_\_\_\_\_ authorize National Auto Lenders to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ upon receipt of this authorization. Apply this payment to  
(amount in USD\$)

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)

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa, MC, and Discover) \_\_\_\_\_

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. All payments will be entered as paid on the date on which they are received. 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. 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.