

National Auto Lenders, Inc.

Attn: Payment Processing
14645 NW 77th 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.