



**Del Rio**  
**DISCOUNT CORPORATION**

12501 NW 7<sup>th</sup> Ave  
North Miami, FL 33168  
Phone: 305-681-7401 Fax: 305-769-1123

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Del Rio Discount Corporation to make a one time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**\*\*\*\*\*3% service fee for Visa/MasterCard, Discover and 5% for American Express\*\*\*\*\***

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#### Please complete the information below:

I \_\_\_\_\_ authorize Del Rio Discount Corp. to charge my credit card account  
(full name)

indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for \_\_\_\_\_.  
(amount) (date) (Insurance Policy)

Billing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Account Type:**     Visa     MasterCard     Discover     American Express

Cardholder Name: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CVV2 Code (3 digit number on back of Visa/MC) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Del Rio Discount Corporation to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services 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.