

# MILLER MOTORCARS

## CREDIT CARD AUTHORIZATION FORM

Name of Card Holder: .....

Type of Card: Visa  Master Card  Amex

Account Number (Last 4 digits of Credit Card): .....

Expiration Date: ..... Security Code: .....

Billing Address: .....  
STREET

.....  
CITY, STATE, ZIP CODE

Phone Number: .....

Reason for Charge: .....

Amount: ..... CRM #: .....  
(OFFICE USE ONLY)

**By signing this form you authorize Miller Motorcars, Inc. to charge your credit card for the amount listed above.**

.....  
SIGNATURE

.....  
DATE

# MILLER MOTORCARS

273, 275, 279, 315, 321, 338, 342, 348 West Putnam Avenue  
Greenwich, CT 06830

Office: 203-629-4726 | FAX: 203-661-3313

