



RDS-4013
355 Alamaha Street
Kahului, HI 96732
sheltonsauto@gmail.com
808-276-3801

CREDIT CARD AUTHORIZATION FORM

Name on Credit Card: _____

Billing address of Credit Card: _____

Email: _____ Phone: _____

Credit Card No. _____

Expiration: _____

CVS: _____

Authorized amount of charge (if known): _____

I give my authorization to keep this credit card on file and to charge this credit card for monthly storage invoice and/or other charges.

Signature: _____ Date: _____

Vehicle Year- Make Model _____