



## CREDIT CARD AUTHORIZATION FORM

### CARD HOLDER INFORMATION

Company Name:	Name on Card:	
Cardholder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

### PAYMENT AUTHORIZATION

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Card Number:	Expiration Date:
Card Identification Number: (3 digits on back of credit card M/C, Discover, Visa)	

I authorize **Moecker Auctions, Inc.** to charge my credit card for the following:

\*Amount to charge: \$ \_\_\_\_\_ (\*3% convenience fee may apply)

Reference: \_\_\_\_\_

I agree that I will pay for this purchase/service and indemnify and hold Moecker Auctions, Inc. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card slip. I agree not to claim a for charge-back this transaction.  
 \*A 3% convenience fee may apply.

Print Name:	Signature:	Date:
_____	_____	_____

Moecker Auctions, Inc. 1883 Marina Mile Blvd., Suite 106, Fort Lauderdale, FL 33315      Office: (954) 252-2887

**FAX OR EMAIL A COMPLETED FORM ALONG WITH A COPY OF DRIVERS LICENSE AND CREDIT CARD (FRONT & BACK) TO: (954) 252-2791**

**PLEASE NOTE: CREDIT CARD RECEIPT/STATEMENT WILL REFLECT MOECKER AUCTIONS INC.**