



FAX TO: _____ FAX NUMBER _____

After Hours Pick Up FAX Authorization

“Card Not Present Transactions”

Instructions: Read, Complete, sign, and fax back to 502-891-2562.

“I authorize St. Matthews Imports Inc to use the credit card information provided to pay for my service invoice. I understand that a copy of the invoice, my credit card receipt and keys will be placed in my vehicle above the driver’s side visor to be picked up after hours. I will designate below how I would like to find my car, locked or unlocked. Choosing locked I agree that I do have a spare key and SMI will not be held responsible if I can not enter my vehicle.”

CARDHOLDER INFORMATION

My Name _____

C a r d - N o t - P r e s e n t t r a n s a c t i o n

N O T E * *

**We will accept Discover or Amex,
however we prefer visa or mastercard to help keep cost down**

Card Type (circle one)	M/C	VISA	CAR CARE 1
ACCOUNT #			
NAME ON CARD			
EXPIRATION DATE			
SECURITY CODE (LAST 3 – 4 DIGITS ON BACK OF CARD IN SIGNATURE BOX)			
BILLING ADDRESS/ZIP			
BEST PHONE #			
LOCK YOUR CAR OR LEAVE UNLOCKED?	LOCK	UNLOCK	
** Do you want this faxed authorization to remain on file with St. Matthews Imports for future late pickups?	YES	NO	
SPECIAL INSTRUCTIONS			

SIGNATURE _____ DATE _____