



# JUKEBOX DINER

703.330.0850

Comments@jukeboxdiner.com

8637 Sudley Rd,  
Manassas, VA 20110

7039 Columbia Pike,  
Annandale, VA 22003

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the Juke Box Diner 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.

### Please complete the information below:

I \_\_\_\_\_ authorize Juke Box Diner to charge my credit card account indicated below for  
(Full Name)  
the amount of \$ \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for \_\_\_\_\_  
(Amount) (Date) (Description of goods/services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Account Type:**            **Visa**            **MasterCard**            **AMEX**            **Discover**

**Cardholder Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**CVV2** (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I authorize Juke Box Diner 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.