



# SH OH TRUCK REPAIR, LLC

dba SH OH Truck Repair  
10800 E Bethany Dr STE 575, Aurora, CO 80014

**DIGITALLY SIGNED - May 1, 2026**

## CREDIT CARD AUTHORIZATION FORM

### CARD INFORMATION

Card Type:  MasterCard  Discover  VISA  AMEX  Other

Cardholder Name: **Robert Rawlins**

Card Number: **379799076321009**

Expiration Date: **09/27**

CVV: **3845**

Billing ZIP Code: **44256**

### RECURRING PAYMENT AUTHORIZATION

I, **Robert Rawlins**, authorize **SH OH Truck Repair, LLC** to charge my credit card listed above for the agreed upon recurring monthly charges as set forth below:

Frequency: **Monthly**

Payment Date: **1st of Each Month**

Payment Amount: **\$114.00 per month**

Application ID: **APP\_20260501\_70699B97**

This authorization will remain in effect until cancelled in writing with a minimum of thirty (30) days notice. I understand that I may cancel this authorization at any time by providing written notice to SH OH Truck Repair, LLC.

### CUSTOMER SIGNATURE:

**DIGITALLY SIGNED**

May 1, 2026 at 5:58 PM EDT

IP: 38.179.12.209

Signer: Robert Rawlins

Printed Name: Robert Rawlins

Date: May 1, 2026