



CREDIT CARD AUTHORIZATION FORM

BUSINESS ADDRESS

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE & ZIP: _____

BUSINESS PHONE: (_____) _____

CARDHOLDER BILLING ADDRESS

CARDHOLDER NAME: _____

ADDRESS: _____

CITY: _____

STATE & ZIP: _____

HOME PHONE: (_____) _____

Credit Card Type: Visa Mastercard Discover AMEX

Credit Card Number: _____

Expiration Date: _____ Card Identification Number _____
(last 3 digits located on the back of the Credit Card)

Amount to Charge: \$ _____ (USD)

AUTHORIZED SIGNATURE

I authorize ALL FOREIGN USED AUTO PARTS, INC. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

CARDHOLDER'S SIGNATURE: _____ DATE: _____

Thank you for your business!

RETURN TO: fax # 540-752-2738