



CREDIT CARD AUTHORIZATION

Please print this out and email it to Jimreed3900@gmail.com.

ATTENTION: _____

Or, order Online by searching for the part wanted and continuing with the checkout.

NAME: _____

Drivers license # _____ expiration date _____

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ CVV2 # _____ LAST 3 DIGITS ON BACK

CREDIT CARD BILLING ADDRESS: _____

SHIPPING ADDRESS IF DIFFERENT: _____

Description of Parts Requested:

Dollar Amount Authorized For This Transaction Only: \$ _____

Home Phone Number of Cardholder: (_____) _____ - _____

Work Phone Number of Cardholder: (_____) _____ - _____

Please Write Your Name As It Appears On Your Card Below:

PRINT SIGNATURE: _____

TODAY'S DATE: _____

Thank you for taking the time to complete this form.

PHOTO COPY OF DRIVER'S LICENCE MUST BE ATTACHED TO AUTHORIZATION FORM.