

# CREDIT CARD AUTHORIZATION FORM

MUST BE FILLED OUT COMPLETELY PLEASE PRINT

DATE: \_\_\_\_\_ BUYER NAME: \_\_\_\_\_

COMPANY

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## CREDIT CARD INFORMATION PLEASE PRINT

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

**(ONLY)**

Credit Card Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

3 digit code on the back: \_\_\_\_\_

**Total amount to be charged:**

\$ \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_

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I, cardholder, authorize with my signature permission for Clark's Auto Parts & Wrecker Service to charge my credit card for the following items listed on this form:

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**Vehicle Information:** Year: \_\_\_\_\_ Make: \_\_\_\_\_  
Model: \_\_\_\_\_

**Description of part/parts to be shipped:** \_\_\_\_\_

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**PLEASE PRINT**

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**Shipping Information:** Company  
Name: \_\_\_\_\_

Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Fax or mail authorization form to:

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Clark's Auto Parts & Wrecker Service **ATTENTION:** \_\_\_\_\_

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901 N. Cecil St.

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San Angelo, TX 76903

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PHONE: (325) 655-9936 OR **FAX (325) 658-7858**

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