



CREDIT CARD AUTHORIZATION

Please print this out and fax it to us at 541. _____ ATTENTION: _____ Quote # _____
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**

BILLING ADDRESS THAT YOU'RE CREDIT CARD BILL COMES TO: _____

SHIP TO 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. Please fax completed form to (541) 474-6895