



7525 County Rd. 42, R.R. #1 Stoney Point, ON. N0R 1N0

Mailing: P.O. Box 111, Comber, ON. N0P 1J0

Tel: 519-687-2886 EXT.271 Fax: 519-687-2465

WWW.AUTO-RECYCLERS.COM

CREDIT CARD AUTHORIZATION FORM



This form is used to authorize the debit of your credit card for the service(s) specified below.

Please contact your sales representative for any questions regarding your order.

Name: _____ Phone Number: _____ Ext: _____

Billing Address: _____

Ship to Address: _____

Ship to Attention: _____ Transaction Date: _____

Description of Requested Part/Service(s): _____

Vehicle V.I.N. _____ Year: _____

Make: _____ Model: _____

Credit Card Information

**** NO TRANSACTIONS WILL BE PROCESSED WITHOUT THIS INFORMATION ****

_____ VISA MASTERCARD AMEX

Name of Cardholder (Please Print)

Card Number: _____ Expiration Date: ____/____ (Month/Year)

CVV 3 Digit Code: _____ Amount for Part/Service(s): \$ _____

I hereby grant and authorize A&L Auto Recyclers Inc. permission to charge \$ _____ to the above credit card. I the cardholder further agree to pay all freight and shipping charges that apply to the billing of this order even in the event that the cardholder refuses shipment on delivery of the above order. This order has been placed by phone and my signature on this agreement is binding.

Signature of Cardholder

Date

To prevent fraudulent use of your card, please make a legible copy of the front and back of the credit card and cardholder's driver license. Insert them on to page 2 of this authorization form.

Please add any other comments you may have:

Copy of Credit Card

Front	Back
-------	------

Copy of Driver's License

Front	Back
-------	------

