



CREDIT CARD AUTHORIZATION

Please Print this out and fax it to us at 541.757.7720 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) 757-7720

