



CREDIT CARD AUTHORIZATION

Please Print this out and fax it to us at 541.757.7720 ATTENTION: _____ Quote # _____
Or, order online at www.autowrecking.com by searching for your part and continuing with checkout.

NAME : _____

Drivers license # _____ State: _____ Expiration date _____

Credit Card Number : LAST 4 ONLY _____

Expiration Date : _____ C V V 2 # _____ (LAST 3 DIGITS ON BACK)

BILLING ADDRESS:

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 (253) 847-9374

