



6600 Sullivan Trail
 Wind Gap, Pa 18091
 Phone: 610-863-7676 Fax: 610-863-5497

Credit Card Billing Authorization Form

1. SALESMAN INFORMATION	
Salesman Name: _____	Date: _____

2. CARDHOLDER NAME & BILLING ADDRESS	3. SHIPPING NAME & ADDRESS
Name _____	Name _____
Company _____	Company _____
Billing Address _____	Billing Address _____
City/State/Zip _____	City/State/Zip _____
The above is a <input type="checkbox"/> Business <input type="checkbox"/> Home	The above is a <input type="checkbox"/> Business <input type="checkbox"/> Home

4. ITEMS ORDERED	
Part #/Description	Quantity

5. CONTACT INFORMATION	
Home Phone ()	-
Work Phone ()	-
Cell Phone ()	-
Fax Phone ()	-

Please Note: A photo copy or scanned copy of your ID and credit card must be included with this completed form for your order to be processed.

6. PAYMENT	
<p>I hereby authorize Deerfoot Auto Parts, Inc. to charge the order as described above to my credit card. I understand that this order is place via a telephone and my signature on this agreement is binding. I understand that if for any reason I REFUSE this shipment, the freight charges will be charged to my credit card. I understand the warranty on this purchase is only as stated Deerfoot Auto Parts, Inc.'s invoice, which supercedes any and all card issuer warranties.</p>	
Amount: \$ _____ USD.	
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Credit Card Number: _____	
Expiration Date: _____ / _____	CVC 3 or 4-Digit Code: _____
Cardholder Signature: _____	

