



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

## Credit Card Billing Authorization Form

<b>1. SALESMAN INFORMATION</b>	
Salesman Name: _____	Date: _____

<b>2. CARDHOLDER NAME &amp; BILLING ADDRESS</b>	<b>3. SHIPPING NAME &amp; ADDRESS</b>
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

<b>4. ITEMS ORDERED</b>	
<b>Part #/Description</b>	<b>Quantity</b>

<b>5. CONTACT INFORMATION</b>	
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.**

<b>6. PAYMENT</b>	
<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: _____	