

1st Choice Auto Parts

1950 W Broadway, Phoenix AZ 85041
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1stchoiceautowrecking@gmail.com

Authorization for Credit Card Payment

SALESPERSON: _____ QUOTE #: _____ PO#: _____

CUSTOMER/COMPANY NAME: _____

NAME ON CREDIT CARD: _____

CREDIT CARD #: _____ VISA MC DISC

SECURITY CODE: _____ EXP DATE: _____ AMT \$: _____

I, the cardholder identified above, guarantee payment for the purchase of the items below to be made with the credit card number identified above. I also authorize the freight charges that apply.

PART(S) REQUESTED _____

PART RECIPIENT VIN: _____

CARD BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NO: _____

SHIP-TO ADDRESS: _____

(if different from billing)

CITY, STATE, ZIP CODE: _____

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

I authorize 1st Choice Auto Parts to ship the merchandise purchased with the above credit card account to the above billing address (or ship-to address, if applicable). I am fully aware that my credit card will be charged for any such purchases and for any freight charges which apply.

EMAIL A PHOTO OF THE CARD HOLDER'S PICTURE ID AND FRONT & BACK OF CREDIT CARD