

CARZ R US #1

614 West 3rd Street, Armington, IL 61721

Ph: 309-392-2000 | Fax: 309-392-2009 | CAR-PART YARD ## 2962 | URL: www.carzrus1.com

****** CHARGES OVER \$200 **** NEED COPY OF **** CARD & STATE ID ******

CREDIT/DEBIT CARD AUTHORIZATION FORM

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____

PART(S) REQUIRED: _____

DETAILS: _____

I, _____, hereby authorize CARZ R US, to charge my credit card account in the amount not to exceed: \$ _____ only.

VISA MASTER CARD DISCOVER

Credit/Debit Card Number: _____

Expiration Date: ____ / ____ CCV Code: _____

CREDIT/DEBIT CARD BILLING ADDRESS

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

IF BUSINESS: Business name: _____

Physical address: (if other than billing address)

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ FEIN #: _____

Tax Exempt #: _____ State: _____

REQUESTED SHIPPING ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

By checking this box, I hereby, agree to the terms and conditions as laid down by Carz R Us 1 from time to time, or as informed to me by the same.

Cardholder's Signature

____/____/____
Date