



## **CREDIT CARD AUTHORIZATION FORM**

**(VALID FOR 30 DAYS FOR FULL AMOUNT OR LESS)**

### **Harold's Auto Parts**

**PO BOX 58 BRIGGS, TX 78608**

**PHONE: 800-770-6199 E-MAIL: SHANE@HAROLDSUCP.COM FAX: 512-605-3715**

- TYPE OF CREDIT CARD (CIRCLE ONE); ...VISA MC.. AMEX DS
- CREDIT CARD NUMBER

\_\_\_\_\_

- EXPIRATION DATE: \_\_\_\_\_
- NAME ON CARD AS IT APPEARS:

\_\_\_\_\_

- CUSTOMER CODE (ON BACK OF CARD): \_\_\_\_\_
- FULL BILLING ADDRESS OF CARD HOLDER:

\_\_\_\_\_

- CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I, \_\_\_\_\_, on the day of \_\_\_\_\_, do hereby authorize **Harold's Auto Parts**. in Briggs, Texas, to charge my credit card as indicated below. By doing so I guarantee full payment of the amount as described below.

**CARD HOLDER'S SIGNATURE** (NOT VALID UNLESS SIGNED)

X: \_\_\_\_\_ PHONE \_\_\_\_\_ PHONE: \_\_\_\_\_

The above credit card is to be used for the following invoice(s)/repair order(s).

**INVOICE / WO # :** \_\_\_\_\_

**AMOUNT TO PAID :** \_\_\_\_\_

**\*\* Return this form along with a copy of the Cardholder's Drivers License and Credit Card\*\***