



Credit Card Authorization Form - Visa - Mastercard - Discover - American Express Accepted

Name on Card (As it appears on card) _____

Credit Card # _____ Amount to be charged _____

Card CVC # (On Back of Card) _____ Expiration Date _____ Zip Code for Card _____

Year, Make & Model for part needed _____

Part Type _____

Business Name & Address _____

Billing Address on card _____

Telephone Number _____ Fax Numer _____

Email Address for Invoice and Receipt _____

Would you like a tracking number? Yes or No (Tracking Number will be emailed)

Name of Destination Company _____

Shipping Address _____

Signature

Date

Printed Name

Fax to 704-484-3757 or Scan and Email to:
churchautopart@aol.com