

919-365-6667 800-569-9711 FAX 919-365-0543 martinssalvage.com

## **Credit Card Authorization Form**

This form must be completed in full, signed by the credit cardholder and returned along with a clear copy of the credit card (front and back) and cardholder's drivers license.

## **Credit Card Information**

Name as it appears on th	e card:		
Credit Card Number:			
Expiration Date:	C V V Cod	e:	Amount: \$
Cardholders Billing A Street address:			
City:		State:	Zip Code:
	ence?		
Company name/Receivers	s name:		
Street address:			
City:		State:	Zip Code:
form will serve as an authorizaterms: An original receipt must	ion signature on the cr accompany all returns ds will be given on elec	edit card charg . Unless otherw trical parts, boo	understand that my signature on this je slip. I also agree to the following vise noted, warranty is for 90 days fro dy frames or special order parts. non-refundable.
Cardholder Authorized	5		Date
Phone Number:	E	mail Address	6:
Part Information Part:			
Driver or Passenger side:			
Year: Mak	e:		Model:
VIN #:			