

Fax back to: _____ @ 361-289-5000

Advantage Salvage & Auto Parts

Phone Order Credit Card Authorization

Company/Individual Name: _____

Phone #: _____

Billing Address: _____ Physical Address (no P.O. Boxes): _____

Street: _____ Street: _____

City: _____ City: _____

Zip Code: _____ Zip Code: _____

Credit Card Information:

Full Name on Credit Card: _____

Last 4 Digits of Card Number: _____

Exp. Date: _____ Sec. Code: _____

I, _____ (Print Name) am authorized to make purchases with the card I have listed above. Further, I would like to authorize the purchases from Advantage Salvage & Auto Parts for the amount of \$_____. I understand there is no refund on ordered parts.

Cardholder Signature

Date

Please provide the full card number below on the provided line. This portion of the fax will be destroyed once the transaction is completed, the top portion will be retained for our records of the transaction. Thank you for understanding this security measure and helping to prevent credit card fraud.

_____-_____-_____-_____
Full Credit Card Number