Fax back to _____ @ 303-296-6202

Phone Order Credit Card Authorization

Company/Individual Name: _____

Phone #: _____ Vehicle VIN #: _____

Billing Address:	Physical Address (if different, no PO boxes):
Street:	Street:
City: State:	City: State:
Zip:	Zip:

Full Name on Card: _____

Last 4 Digits of Card Number: _____

Exp. Date: ____/_____ V Code: _____

I _____ (Print Name) am authorized to make purchases with the card I have listed above. I would like to authorize the purchases from Central Auto Parts on invoice/work order # _____ for the amount of $ _____.

I further authorize Central Auto Parts to charge this card for additional fees or charges that are imposed by 3rd party freight/shipping carriers associated with **undisclosed** residential delivery or lift gate service.

_____ _____/_____/_____

Card Holder Signature Date Signed

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

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