

Fax Back to: _____ @ 303-296-6202



Phone Order Credit Card Authorization

Company/Individual Name: _____

Phone #: _____

Billing Address:

Physical Address (if different, no PO boxes):

Street:		Street:	
City:	State:	City:	State:
Zip:		Zip:	

Credit Card Information:

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. Further, I would like to authorize the purchases from Central Foreign Auto Parts on invoice/work order # _____ for the amount of \$ _____.

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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