

CREDIT CARD AUTHORIZATION FORM

Customer Name: _____
Shipping Address: _____
Credit Card #: _____
Cardholder's Name: _____

Please Insert PDF scan of your drivers license below (or send separate image):

Check here if billing address is the same as shipping address
Card Billing Address _____
Expiration Date: _____

Credit Card Type: Visa: _____ MC: _____
Security Code (CCV): _____
Amount of Transaction: \$ _____
Salesperson's Name: _____
Item or Ref #: _____

I hereby acknowledge to all terms and conditions of this credit applications and customer invoice.

Customer Authorization:

Signature

Name (Please Print)

Title

Date



INSTRUCTIONS:

Please complete the above information, sign and return to ATTN: Accounts Receivable Department at the address indicated below, or fax to (502) 366-1002 ATTN: [salesperson's name and/or reference number], or email as an attachment to your salesperson (see Contact Us page for email addresses). If you have any questions, please contact us at (502) 368-4040.

OFFICE USE ONLY:
Approval #: _____
Processed By: _____ Date: _____

ALGAR, Inc. d/b/a Grade A Allstate Auto Parts
7301 Grade Lane, Louisville, KY 40219
502-368-4040 (phone) ** 502-366-1002 (fax)