



1415 RADFORD ROAD, CHRISTIANSBURG, VA. 24073

540-382-3972

800-468-5612

Fax

To:	From:
ATTN:	Fax: 540-382-9169 or 540-382-4696
Fax:	Date:
Pages: (Including Cover Sheet)	RE: Credit Card Authorization

For security measures we ask that you fill out the following information and a copy of your driver's license & front of your credit card for security purposes and fax back to us. Thank you for your time in this matter.

Part(s) Ordered: _____

Agreed Purchase Amount: \$ _____

Card Holders Name: _____

Credit Card #: _____

Type of Credit Card: (circle one): VISA MC AMEX Discover

Exp Date: _____

CVV Code (3 or 4 digit code located on back of card): _____

Billing Address (same as card): _____

Ship to Address (if different from billing): _____

Telephone Number you can be reach at (if there is a problem) _____

I authorize Bill's Used Parts, Inc. to process my credit card for the purchase stated above:

Authorized Signature: _____ **Date:** _____