

TILGHMAN'S AUTO PARTS, INC

304 Route 68 Jobstown, NJ 08041

Phone 609-723-7469

Fax back to: (609) 723-6342

CREDIT CARD AUTHORIZATION FORM

MASTERCARD OR VISA ONLY

PLEASE PRINT NEATLY

Today's Date: ____/____/____

Year & Model of Car: _____

Part Ordered: _____

Card Number: _____ CCV#: _____

(3 DIGITS ON BACK OF CARD)

Expiration Date: ____/____

Card Holders Name: _____

Company Name: _____

Shipping Address: _____

(WE DO NOT 3RD PARTY SHIP OR SHIP TO P. O. BOXES !!!!!!!!!!!!!!!)

City: _____ State: _____ ZIP: _____

Card Holder Phone Number: () _____ - _____

Authorized Charge Amount: \$ _____

Card Holder Signature: _____

This form hereby authorizes the above amount to be billed to my credit card for parts purchased based on the terms set forth on Tilghman's Auto Parts, INC invoice.

BUSINESS TAX ID: SEE ATTACHED SHEET

BILLING ADDRESS: _____

City: _____ State: _____ Zip: _____

(IF DIFFERENT THAN SHIPPING ADDRESS)