



6995 Eberhart Rd NW  
Dover, OH 44622  
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**CREDIT CARD AUTHORIZATION FORM**  
(All Information Must be Completed. *Please Print*)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ From: \_\_\_\_\_

Fax To: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Item Being Charged: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Part \_\_\_\_\_ Price \_\_\_\_\_ Tax \_\_\_\_\_ Shipping \_\_\_\_\_ Total \_\_\_\_\_

Name on the Credit Card: (*Print*) \_\_\_\_\_

Visa \_\_\_ Master Card \_\_\_ Discover \_\_\_ American Express \_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code \_\_\_ \_\_\_ \_\_\_

Billing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

**If shipping to a different address:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

***If picking up, please bring credit card and license.***