

# GLENCOE AUTO RECYCLERS

PO Box 357 249 McKellar St. Glencoe, ON. N01 1M0 519-287-2222, Toll Free 877-287-2204

## PRE-AUTHORIZED CREDIT CARD FORM

REQUESTED PART(s)	YEAR	VEHICLE

*In lieu of my credit card imprint, I \_\_\_\_\_ hereby authorize **Glencoe Auto Recyclers Inc.**, to charge in the amount of \$\_\_\_\_\_ to my Credit Card.*

*I fully understand the payment is non-refundable, and I am responsible for all shipping charges, plus any additional costs incurred through extra shipping and or duties under any circumstance. Additional cost will be added to my card.*

Full Name (as it appears on card) \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ Prov \_\_\_\_\_ Postal: \_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

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

Cardholder's Signature: \_\_\_\_\_

Print Customer Name \_\_\_\_\_

(please print)

Date: \_\_\_\_\_

**\*Please attach a copy of your credit card and driver license**

**Note: Please complete this form and send by one of the following methods**

**Fax to: 1-519-287-5201**

**Email to: [darin@glencoeauto.com](mailto:darin@glencoeauto.com)**

**Or Text Picture of Form, Credit Card & License to 1-519-281-6299**