

CREDIT CARD AUTHORIZATION 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 will be added to my card.

Client's Full Name (as it appears on card) _____

Company (if applicable): _____

Phone: _____ / _____ / _____

Address: _____

Address: _____

City/Prov.: _____ / _____

Postal: _____

Credit card Type: Visa _____ MasterCard _____

Credit card Number _____ / _____ / _____ / _____ /

Expiration Date _____ / _____ /

CVVT Security Code (3 digits on the back of card) _____

Cardholder's Signature: _____

Print Customer Name _____

(please print)

Date: _____

Note: Please complete this form and

Fax to: 1-519-287-5201

Or Email to: darin@glencoeauto.com

GLENCOE AUTO RECYCLERS

PO Box 357, 249 McKellar St.

Glencoe, ON. N01 1M0

519-287-2222, Toll Free 877-287-2204