



Authorization to Charge Credit Card

For your security, **Elite Auto Parts** requires this authorization form to be completed in order to charge your credit card.

Credit Card # _____ E x p. Date _____ cvv# _____

Company Name _____

Name on the Card _____

Billing Address _____

Billing Phone: _____ Fax Number _____

Please fax or email a copy of the credit card and ID, you can fax on a separate page or attach in email

Copy of Photo ID with SIGNATURE of the Cardholder (e.g. Driver License, Passport)

IT MUST BE CLEAR ENOUGH FOR US TO AUTHENTICATE YOUR SIGNATURE

All returns or cancellations subject to 20% return fee plus shipping charges

I confirm that I am authorized to use this credit card for a purchase from Elite Auto Parts Inc.

I agree that I will be Responsible for all payments via this credit card.

Signature (cc owner) _____ Print _____

Date: _____ Amount \$ _____

Parts _____ Shipping _____ Guarantee _____ Total _____

PARTS ORDERED: _____

Delivery name _____

Delivery address _____

Delivery phone _____ Contact _____

Parts ordered _____

FAX BACK TO ELITE AUTO PARTS INC 631-226-1056, OR CALL 631-226-1003 IF YOU NEED ANY INFO.