

OIL CITY AUTO SALVAGE

1316 S. DICKENSON ROAD
SHEPHERD, MI 48883
800-255-8727 FAX: 989-772-5859

One Time Credit Card Payment Authorization Form

Complete this form to authorize OIL CITY AUTO SALVAGE to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize OIL CITY AUTO SALVAGE to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover
Cardholder Name _____
Account Number _____
Expiration Date _____ CVV (3 digit number back of Visa/MC, 4 digits front of AMEX) _____

****USE THE 2ND PAGE OF THIS FORM TO ATTACH A COPY OF THE FRONT AND BACK OF YOUR VALID DRIVERS LICENSE AND OF YOUR CREDIT CARD TO THIS FORM IN ORDER FOR US TO PROCESS YOUR PAYMENT. WE WILL NOT COMPLETE YOUR TRANSACTION WITHOUT FRONT AND BACK COPIES OF BOTH YOUR DL AND CREDIT CARD.**

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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(front copy of your credit card)	(back copy of your credit card)
(front copy of a valid driver's license)	(back copy of a valid driver's license)