

**CREDIT CARD AUTHORIZATION**

I, THE UNDERSIGNED, GIVE PERMISSION AND AUTHORIZE THE FOLLOWING CHARGES TO MY ACCOUNT.

CARD TYPE \_\_\_\_\_  
MASTER CARD -  VISA

ACCOUNT # \_\_\_\_\_ 3 DIGIT SECURITY CODE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME EXACTLY AS ON ACCOUNT \_\_\_\_\_

BILLING ADDRESS ON ACCOUNT \_\_\_\_\_

\_\_\_\_\_  
**\*\*PLEASE SPECIFY SHIPPING ADDRESS IF DIFFERENT THAN BILLING\*\***

TELEPHONE # \_\_\_\_\_

DRIVERS LICENSE # AND STATE \_\_\_\_\_

DESCRIPTION OF GOODS PURCHASED \_\_\_\_\_

DOLLAR AMOUNT OF CHARGES \_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_

DATE OF AUTHORIZATION \_\_\_\_\_

PLEASE PRINT CLEARLY. Send completed form to  
sales@TislerSalvage.com

**THANK YOU FOR YOUR ORDER**