

SALVAGE CITY INC.

217 Speedway Rd.
Gaffney, SC 29340
Ph. (864) 487-8711 Fax (864) 487-8785

EMAIL - Steve@salvagecityinc.com

CREDIT CARD AUTHORIZATION FORM

Date: ____/____/____

Payment for: (part, car, tow -description of purchase): _____

Name of cardholder as it appears on card: _____

Cardholders Address: _____

Shipping Address: _____

Credit Card Number: _____

Amount of Charge: \$ _____

Expiration Date of Card: _____

Security Code (3 digit code on back of card): _____

5 Digit Zip Code: _____

Card Type: _____ Visa _____ Mastercard _____ Other

Phone #: _____

By my signature below I authorize Salvage City Inc to charge my credit card in the amount listed above. I understand that all sales are final and there are no refunds / exchanges only.

****PLEASE RETURN WITH PHOTO ID OF CARDHOLDER****

Signature of Cardholder

Print Name