

ENNIS AUTO RECYCLERS, INC.

Credit Card Authorization Form

Customer or Company Name: _____

Salesperson (if applicable): _____ PO# _____

AMERICAN EXPRESS / DISCOVER / VISA / MASTERCARD only

Credit Card Number: _____

Expiration Date: ____ / ____ 3 Digit Security Code: _____

Amount to Charge: \$ _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____ - _____ Country: _____

Telephone: _____

Fax: _____ (a fax number or email is required)

Email: _____

Cardholder's Signature _____ **Date** _____

As the credit card holder, I authorize Ennis Auto Recyclers, Inc. to charge the agreed amount listed above to my credit card provide herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Ennis Auto Recyclers, Inc. will keep all information entered on this form strictly confidential.

3511 Ensign Rd, Ennis TX 75119

FAX 972-875-8829