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Credit Card Authorization

This form is used to authorize the debit of your credit card for the service(s) specified below

Name/Company Name:

Phone

Email Id:

Card #

Expiry CVV

Type of Card:

Address.....

Purchase: _____

I hereby grant and authorize **PRO AUTO PARTS permission** for charge \$ _____ to the above credit card. I the cardholder further agree to pay all freight and shipping charges that apply to the billing of the order even in the event that the cardholder refuses shipment on delivery of the above order. This order has been placed by phone/email and my signature on this agreement is binding.

Signature of Cardholder

Date

Please sign and email to info@proautopart.ca

Phone: +1 403-426-4343 Email info@proautopart.ca