

TILGHMAN'S AUTO PARTS, INC

304 Route 68 Jobstown, NJ 08041

Phone 609-723-7469

Fax back to: (609) 723-6342

CREDIT CARD AUTHORIZATION FORM

MASTERCARD OR VISA ONLY

PLEASE PRINT NEATLY

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year & Model of Car: \_\_\_\_\_

Part Ordered: \_\_\_\_\_

Card Number: \_\_\_\_\_ CCV#: \_\_\_\_\_  
(3 DIGITS ON BACK OF CARD)

Expiration Date: \_\_\_\_/\_\_\_\_

Card Holders Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

**(WE DO NOT 3<sup>RD</sup> PARTY SHIP OR SHIP TO P. O. BOXES !!!!!!!!!!!!!!!)**

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Holder Phone Number: (       ) \_\_\_\_\_ - \_\_\_\_\_

Authorized Charge Amount: \$ \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

This form hereby authorizes the above amount to be billed to my credit card for parts purchased based on the terms set forth on Tilghman's Auto Parts, INC invoice.

BUSINESS TAX ID: SEE ATTACHED SHEET

BILLING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(IF DIFFERENT THAN SHIPPING ADDRESS)**