

Ebbing Auto Parts, Inc.
6090 West US HWY 50
North Vernon, IN 47265
800-678-3105 Fax: 812-346-8259
sales@ebbingautoparts.com

Credit Card Authorization Form

Please complete this form sign, date, and fax or email back.

This letter authorizes Ebbing Auto Parts, Inc. to use the following credit card account on this order per the following instructions.

Billing Address

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

***** MUST INCLUDE A COPY OF DRIVERS LICENSE FRONT & BACK*****

Phone Number: _____ - _____ - _____

Card Type: (please circle) Visa MasterCard Discover American Express

Card Number: _____

Expiration Date _____ - _____ Verification Code _____

*****MUST INCLUDE COPY OF CARD FRONT & BACK*****

*****Shipping Address Must Match Billing Address*****

Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Quote#: _____ \$ _____ Part Ordered: _____

I _____ authorize Ebbing Auto Parts, Inc
to use this account for payment of this transaction.

Transaction Date: _____ Amount Authorized: _____

This agreement must be completed and signed by the authorized user of this card and faxed back to Ebbing Auto Parts, Inc. Orders received by 3:00 EST will be completed the day they are received all other orders will be completed the following business day.