



## CREDIT CARD AUTHORIZATION FORM

Customer Name:

Shipping Address:

Credit Card #:

Cardholder's Name:

Card Billing Address:

Expiration Date:

Check One:

Security Code:

VISA

Amount of Transaction:

MC

Salesperson:

### Customer Authorization:

Signature

Name (Please Print)

Title

Date

### INSTRUCTIONS:

Please complete the above information and return to ATTN: Accounts Recievable Department at the address indicated below or fax to **(715) 248-7725**. If you have any questions, please contact us at (715) 248-7718.

### OFFICE USE ONLY:

Approval #:

Processed By:

Date:

**St. Croix Auto Parts, Inc.**

**2253 127<sup>th</sup> St. New Richmond, WI 54017**

**(715) 248-7718 (phone), (715) 248-7725 (fax)**

