

CREDIT CARD AUTHORIZATION

Credit Card: __ Visa __ Mastercard Date: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

DRIVERS LISCENCE#: _____

D.O.B: _____

AS OWNER OF THE ABOVE CARD I AUTHORIZE JASPER AUTO AND TRUCK PARTS TO
CHARGE THE FOLLOWING PARTS TO MY CREDIT CARD:

IN THE AMOUNT OF: _____

SIGNATURE: _____

NAME OF CARDHOLDER: _____

CARDHOLDERS MAILING ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

SHIPPING ADDRESS: _____

PHONE: _____ FAX: _____

SHIP BY: _____

PLEASE NOTE: IT IS OUR POLICY THAT MERCHANDISE WILL ONLY BE SHIPPED ONCE NAME AND ADDRESS PROVIDED ARE VERIFIED WITH CREDIT CARD COMPANY. THIS IS FOR YOUR PROTECTION ALSO.

**JASPER AUTO AND TRUCK PARTS
5410 76 AVENUE NW, EDMONTON ALBERTA, T6B-0A6
TEL: 780-468-6655, TOLL FREE: 1-800-294-4784, FAX: 1-780-465-7723**

