

Community Auto Recycling
2540 Manchester Road
Erie PA
PHONE: 814-833-8518 FAX: 814-836-8498

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Community Auto Recycling** to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date, also there will be no charge-backs what so ever. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Community Auto Recycling** to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SHIP TO LOCATION:

Shipping Address _____ Phone# _____
City, State, Zip _____ Email _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I acknowledge that shipping fees are non-refundable. Also, if the part does not have an internal issue and buyer does not want to install the part they have to pay shipping both ways. If part is defective it must be returned within 30 days. Subject to 25% restocking fee.

SIGNATURE _____ DATE _____