



DOUG ' S AUTO RECYCLERS, INC  
352 S ANGOLA ROAD  
COLDWATER MI 49036  
517-238-2108  
FAX 517-238-2084

## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT CLEARLY AND FAX BACK TO 517-238-2084

I, the undersigned, give my permission and authorize Doug's Auto Recyclers, Inc. to make the following charges to my credit card:

Card Type:    \_\_\_ Mastercard        \_\_\_ Visa        \_\_\_ Discover

Account number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV : \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address of card: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Description of purchase: \_\_\_\_\_

Notes or comments about purchase: \_\_\_\_\_

Dollar amount to be charged: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Today's date: \_\_\_\_\_

COPY OF DRIVERS LICENSE

COPY OF CREDIT CARD