



Credit Card Authorization Form

To protect both you and our company from unauthorized credit card usage we require the below form to be completed and faxed back along with a copy of the **front and back of the credit card** and a **copy of your Drivers License**.

Credit Card Details

Enter your credit card details exactly as shown on your card and billing statement.

Name: _____

Company: _____

Billing Address: _____

City, State, Zip: _____

Contact Email Address: _____

Phone: _____

Credit Card Type (Visa/Mastercard/Amex): _____

Credit Card Number: _____

Credit Card Expiration Date: _____

CVV Code (3 or 4 digit security code): _____

Signature to Authorize Billing of the Above Card:

Printed Name of the above Card Holder:

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