

**AUTHORIZATION FORM FOR PART PURCHASED / NON REFUNDABLE DEPOSIT ON A CREDIT CARD.  
CENTRAL AUTO LIQUIDATORS, INC.**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: 973-827-6798 OR EMAIL TO [CENTRALAUTOLIQ@GMAIL.COM](mailto:CENTRALAUTOLIQ@GMAIL.COM)

Cardholder Name: \_\_\_\_\_

Signature: x \_\_\_\_\_

Address:

Part purchases:

Credit Card Type:

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

Credit Card Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date:

\_\_ - \_\_ - \_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number.V-CODE (last 3 digits located on the back of the credit card): \_\_\_\_\_

Amount Charged: \$ \_ \_\_\_\_\_ (USD)

FOR MORE INFORMATION PLEASE CALL 973-827-3696.

INCLUDE A COPY OF YOUR **CREDIT CARD** AND **DRIVERS LICENSE!**

PLEASE SIGN HERE TO POLICY---X\_\_\_\_\_

**\*\*TERMS OF AUTHORIZATION\*\***

ALL SHIPPING COST ARE NON REFUNDABLE.

ALL DEPOSITS ARE NON REFUNDABLE.

ALL DEPOSITS ARE FORFEITED AFTER 30 DAY.

IF YOU DO NOT UNDERSTAND THESE TERMS PLEASE CALL OUR OFFICE @ 973-827-3696 BY SIGNING AND SENDING BACK YOU AUTHORIZE **CENTRAL AUTO LIQUIDATORS, INC.**

TO CHARGE YOUR CREDIT CARD THE AMOUNT INDICATED AND AGREE TO THE TERMS

OF AUTHORIZATION.

