



**CREDIT CARD
AUTHORIZATION FORM
FAX # (330) 484-0883**



Dear Customer;
Regulations pertaining to credit card purchases require Keiffer Auto Recycling to obtain the following information in order to process any credit card purchases without physical possession of the card and the embedded information on the magnetic strip. Please fill out this form completely to assure prompt order processing and mail to the address shown above.

CUSTOMER INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY STATE ZIP CODE: _____

TELEPHONE NUMBER: _____

CARDHOLDER'S INFORMATION

CARDHOLDER NAME: _____

CARDHOLDER'S ADDRESS: _____

VISA/AMEX/MCARD/DISCOVER #: _____

ZIP CODE: _____

EXP DATE: _____ 3-DIGIT ID #: _____

PLEASE SPECIFY CREDIT LIMIT FOR AUTHORIZED CHARGES (RECEIPTS WILL BE PROVIDED)

\$ _____

I certify all information provided to Keiffer Auto Recycling is true and correct to the best of my knowledge and hereby authorize Keiffer Auto Recycling to charge the credit card as specified above for purchases made by me from Keiffer Auto Recycling.

AUTHORIZED SIGNATURE

DATE

The information contained in this transmission is privileged and confidential. It is intended only for the use of Keiffer Auto Recycling. If the reader of this information is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this information is strictly prohibited. If you have received this document in error, please notify Keiffer Auto Recycling immediately by telephone at 330-484-3100 and return the original document to the Keiffer Auto Recycling. We will reimburse you for postage. Thank you.