

Maritime Auto Parts 
greenparts

Maritime Auto Salvage Ltd.

P.O. Box 201

Truro, N.S.

B2N 5C1

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

Today's Date: _____

I, _____ hereby grant Maritime Auto Salvage Ltd. authorization to charge my credit my (please circle one):

VISA MASTERCARD AMERICAN EXPRESS Other: _____ (specify)

Amount of authorization: \$ _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

I _____ (cardholder) hereby represent that I have the authority to execute this credit card authorization and agree that this Authorization will be effective on the date signed below. I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original, and this credit authorization cannot be revoked.

Cardholder's signature _____ Date: _____