

Credit Card Authorization Form

Halls Garage, Inc.

56 Plainfield Pike

N.Scituate, RI 02857

Phone: 401-647-3648

Fax: 401-647-5275

Please print out this form, fill it out completely and fax it back to the number listed above. If this form is not legible or filled out completely, **YOUR ORDER WILL NOT BE PROCESSED!**

Date:

Salesman:

Name as it appears on the credit card:

Exp. Date:

Card Type (MC/Visa/Discover):

Credit Card Number: _____ - _____ - _____ - _____

3 Digit Code:

Billing Address: Shipping Address (if not same as billing):

Name:

Address: City, State & Zip:

Telephone:

Shipping Address (if not same as billing):

Name:

Address:

City, State & Zip:

Telephone:

Contact:

ALL INFORMATION FOR BILLING AND CREDIT CARD MUST MATCH.

Parts Ordered:

Total: \$

Signature:

Printed Name:

I, the above cardholder, hereby authorize Halls Garage, Inc. to charge the order above to my credit card as indicated above. If we feel this transaction is not correct, we will void the transaction immediately.