

Authorization to Charge Credit Card Account



120 Stantack Road
Middletown, CT 06457

Tel: (860)-346-2336
Toll Free: 800-634-USED
Fax: (860)-346-4589

*(Please Print Clearly)

CREIDIT CARD INFO

Type of Card: American Express Discover Master Card VISA

Name on the Card: _____

Account No: _____

Expiration Date: _____ CCV: _____ (Found on back of Card)

DRIVER LICENSE INFO

License#: _____ State: _____

BILLING ADDRESS

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: (_____) - _____ - _____

SHIPPING ADDRESS

SAME AS BILLING

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: (_____) - _____ - _____

Item(s) Purchased _____

Amount to be Charged \$ _____

By signing this form, you authorize BISHOP'S USED AUTO PARTS to charge your card for the amount listed above.

Signed: _____ Date: _____

***Complete and Sign the above Authorization Form.
***Make Sure to Include a Copy of Credit Card & Card Holder's License.
Fax To 860-346-4589

Email: parts@bapct.com

Web Address: www.bapct.com