

CREDIT CARD AUTHORIZATION

Credit Card: __ Visa __ Mastercard **Date:** _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

DRIVERS LISCENCE#: _____

D.O.B: _____

AS OWNER OF THE ABOVE CARD I AUTHORIZE WESTERN AUTO AND TRUCK PARTS TO CHARGE THE FOLLOWING PARTS TO MY CREDIT CARD:

IN THE AMOUNT OF: _____

SIGNATURE: _____

NAME OF CARDHOLDER: _____

CARDHOLDERS MAILING ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

SHIPPING ADDRESS: _____

PHONE: _____ FAX: _____

SHIP BY: _____

PLEASE NOTE: IT IS OUR POLICY THAT MERCHANDISE WILL ONLY BE SHIPPED ONCE NAME AND ADDRESS PROVIDED ARE VERIFIED WITH CREDIT CARD COMPANY. THIS IS FOR YOUR PROTECTION ALSO.

**WESTERN AUTO AND TRUCK PARTS
2602 52 STREET SE, CALGARY, ALBERTA, T2B 1N2
TEL: 1-403-272-8891, TOLL FREE: 1-800-294-0687, FAX: 1-403-569-1045**

