

CREDIT CARD CHARGE AUTHORIZATION

Vehicle Year/Make/Model _____

VIN or Stock # _____

I authorize Tichenor's Auto to charge my: MasterCard Visa

Card #: _____ Total Amount: _____

Exp. Date: ____/____ Issuing Bank: _____

Card Verification #: _____ (The final 3 digit # on the back of the card.)

I understand that my signature on this form will serve in lieu of my authorized signature on the credit card slip and that I authorize Tichenor's Auto to charge my credit card the full amount listed above. I understand that I am purchasing a salvage vehicle that will need repairs and once my order has been processed and shipped that I may not cancel my order. If I refuse my order once it has been shipped, I agree to be responsible for all shipping and handling charges both ways.

I have read and fully understand the above conditions.

Signed: _____ Date: _____

Phone: _____ Cell Phone: _____ Fax # _____

Your billing address that the credit card company uses.

Name (As it appears on the credit card) _____

Address: _____

City: _____ State: _____ Zip: _____

Name and address you want on title and invoice Same as above

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Sign and Fax Back to 646-365-7373.

If you have any problems with your transmission call 812-247-2220

Thank you for your order!