



8111 Rawsonville Rd. Belleville, MI 48111
Phone: 800-851-3277 Fax: 734-680-8637

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Fox Auto Parts, Inc to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please attach a front and back copy of the credit card, and a front and back copy of the driver's license associated with the card. Otherwise the transaction will not be completed.

Please complete the information below:

I (full name) authorize Fox Auto Parts, Inc to charge my credit card account indicated below for (amount) on or after (date). This payment is for Year: Make: Model: (description of goods/services) Salesman/Quote: (name/number)

Billing Address Shipping Address
City, State, Zip City, State, Zip
Phone# Phone#
Email Email

Account Type: [] Visa [] MasterCard [] AMEX [] Discover
Cardholder Name
Account Number
Expiration Date
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.