



663 Route 3A  
Bow, NH 03304

1-800-464-3141  
(603) 224-8400  
Fax (603) 224-4042

A Division of Bow Auto Salvage, Inc.

### AUTHORIZATION TO USE CREDIT CARD

Please take extra care that all information is correct, as this is our shipping information. Fax the completed, signed form and copy of card holder's license to 603-224-4042.

For questions regarding your order, your sales person is: \_\_\_\_\_

We Accept VISA / MASTERCARD / DISCOVER

Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CCV CODE: \_\_\_\_\_

Business Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby authorize Bow Auto Salvage Inc. (DBA, Bow Auto Parts) to charge the order described below on my credit card. My signature on this agreement is binding. I agree that if I refuse this shipment I will be responsible for all shipping and handling charges.

#### DETAIL OF CHARGES:

Parts: \_\_\_\_\_

Core: \_\_\_\_\_

Freight: \_\_\_\_\_

Total: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

