CREDIT CARD AUTHORIZATION

Company Name: _____

Cardholder's Name: _____

Type of Card: **Visa** _____ **Mastercard** _____

Card Number: _____

Expiry Date: **Month** _____ **Year** _____

Please list invoices to which should be applied:

I, _____ **herby authorize Partswerx to charge the following amount** _____ **to my credit card.**

Cardholder's Signature _____

Name: _____

Today's Date: _____

PartsWerx Inc.
45 Worthington Drive, Unit F
Brantford, Ontario N3T 5M1
Phone 1-866-448-WERX (9379)
Fax 1-866-449-WERX (9379)