

time.

Credit Card Authorization

	Customer Name:		
	Return to Pacific Spring	Salesperson ID:	
l,	hereby autho	hereby authorize Pacific Spring and Axle to charge my credit card as	
outlined below for	purchases made by		(company name).
Credit Card #			■ MasterCard
Expiry Date	Amount		Invoice #
3 Digit Code	(located on back of card)		
	PST#		_(If applicable)
Date	Signature	Print Na	ame
		Shipping Addres (If different)	S
Phone Number: ()	Fax Number: ()
	_	-	o use this credit card in the future for any (company name) as authorized by the
•			changes before the purchase is made so that d so that the parts/service can be supplied on

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