



Ph 313.365.4844 Fax 313.365.5940

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at anytime by contacting us. This authorization will remain in affect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Address and Zip Code: _____

I, _____, authorize Mitch's Auto Parts, to charge my credit card above for agreed upon purchases listed below for the amount listed below. I understand that my information may be saved to file for future transactions on my account.

Part: _____

Year: _____ Make: _____ Model: _____

Price: _____ Shipping: _____

Total :\$ _____

Customer Signature

Date