

# **DEERCREEK**

## **AUTO & TRUCK PARTS**

21239 Rt. US 23 North Circleville, Ohio 43113

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### **CREDIT CARD AUTHORIZATION FORM**

PLEASE PRINT CLEARLY AND FAX BACK TO 740-420-0971

I, the undersigned, give my permission and authorize Deercreek Auto to make the following charges to my credit card:

Card Type: \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Billing Address Of Card: \_\_\_\_\_

\_\_\_\_\_  
Company or Name And Shipping Address (*If Different Than Billing Address*)

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Description Of Purchase: \_\_\_\_\_

Dollar Amount To Be Charged: \_\_\_\_\_

Signature Of Card Holder: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**DEERCREEK AUTO AND TRUCK PARTS**

**21239 US RT. 23 NORTH**

**CIRCLEVILLE, OH 43113**

**800-257-1548 Fax: 740-420-0971**