



BARRIE AUTO PARTS

Credit Card Authorization Form

Please complete all fields.

Credit Card Information

Card Type: MasterCard VISA

Cardholder Name (as shown on card): _____

Card Number _____ CVV Code: _____

Expiration Date (mm/yy): _____

Cardholder Postal Code (from credit card billing address): _____

I, _____, authorize Newmarket Auto Parts Group Inc. O/A Barrie Auto Parts to charge my credit card above for agreed upon purchases in the amount of _____ and/or for any future purchases.

Customer Signature: _____

Date: _____

Customer to attach a copy of a government issued ID for the payment to be processed.