



## Credit Card Authorization Form

Please complete all fields.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard	<input type="checkbox"/> 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. 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.