



Jim's Import Auto Salvage Inc.

3636 Desoto Rd.
SEBRING FL 33870

Fax#863-471-6207

Print, complete and sign the form below. Mail it or fax it with these other required documents. All requested information and documentation is required or we cannot process the order .

Cardholder's Name _____ (please print)

Cardholder's Billing Address

City _____ State/Prov. _____ Zip _____

Country _____

Telephone: _____ (landline only - **no** cellular)

Email: _____ (Must be your real ISP email or paid website email.)

Order No. _____ Date of Order: _____

Total Amount of Purchase to be charged to my credit card: \$ _____

Type of card: _____ (Visa-Mastercard-Discover)

Card number used to place this order: _____

Expiration Date _____

Bank Phone Number on the back of the card: _____

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order.

These items are being purchased by me for: _____ (print full name of "Third Party").

I understand these charges will appear on my credit card statement under the name of Jim's Auto Salvage/Jim's Import Auto Salvage and I accept full financial responsibility for payment of this order.

Further I am also enclosing a copy of the front of my credit card as well as a copy of my legal driver's license or other photo ID for identity verification purposes.

Signature of Cardholder: _____ Date Signed _____



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