



Sonny's Auto Salvage
3251 Arkansas Highway 294
Jacksonville, AR 72076
(501) 982-7451 Phone
(501) 982-4876 Fax

CREDIT CARD
AUTHORIZATION FORM

I, _____ hereby authorize Sonny's Auto Salvage to charge the amount of
US\$ _____ on credit card # _____ with the expiration date of
____/____/____, CID code of _____ issued by _____ (Card Type: Visa, MasterCard,
Discover, American Express). By signing this form, I agree with all terms and conditions of the sale/order, as
specified in the Sonny's Auto Salvage Limited Warranty, Disclaimer and Return Policy which I have made over
the phone, by fax, or via the Internet. If charge amount is over \$500.00 I must supply a copy of my driver's
license and the front of the credit card.

☐ If this box is checked I also authorize Sonny's Auto Salvage to retain this credit card information for future
purchase information. Credit card information will only be stored on hard copy and not electronically.

The billing information of my credit card is:

Card Holder: _____ Phone # _____

Street Address: _____

City _____ State _____ Zip/Postal Code _____ Country _____

Bank Name: _____ Bank Phone Number: _____

I understand that this information will be used for purposes of verification with the credit card issuer/processors
to prevent fraudulent usage. Please note: If your credit card expiration date changes, if you are issued new
credit card numbers, or if you wish to utilize a different credit card than presented on this form, you will need to
complete and provide Sonny's Auto Salvage a new Credit Card Authorization Form.

Printed Name: _____ Signature: _____

Date: ____/____/____

Account Identifier : _____ (ie; Work Order # / Invoice # / Account #)

Please fax back to: 501-982-4876 Or Send scanned copies (PDF) via Email w/attachments to
miranda@sasparts.com.

PLEASE MAKE SURE TO PROVIDE ALL INFORMATION REQUIRED!