



(877) 247-1717 or (916) 638-5555  
 ✉ [info@BenzeenAutoParts.com](mailto:info@BenzeenAutoParts.com) Fax: (916) 638-4040  
 📍 3811 Recycle Road, Rancho Cordova, CA 95742  
 🕒 Mon-Fri: 8am-5pm Sat: 9am-2pm  
 🌐 [www.BenzeenAutoParts.com](http://www.BenzeenAutoParts.com)

## BENZEEN AUTO PARTS CREDIT CARD AUTHORIZATION RELEASE FORM – R

Please save a copy of this form to your private computer for your records before sending.

Fill-out and sign this document electronically with Adobe Acrobat. Download for free here: <https://get.adobe.com/reader/>

To keep our prices competitive and counteract credit card fraud, we are requiring this form to be filled out for every credit card sale before we can fulfill your order. Please fill out the following information and include the following:

- The person authorizing the purchase must be the same person listed as the cardholder.
- A copy of the card holder's Photo ID or Driver's License is required.

### CARD INFORMATION

Select your Card:  VISA  DISCOVER  MasterCard  AMERICAN EXPRESS

Credit Card #:  Exp. Date:

Please be sure all entries match exactly as presented on your card.

CVV:



### BILLING INFORMATION

Card Holder's Name:  Card Holder's Billing Address:

City:  State:  Zip Code:

Phone#:  Fax#:  E-Mail:

I  (Name of card owner above), authorize Benzeen Auto Parts to charge the above credit card and credit card information for **(choose one)**  ALL ORDERS **OR**  THIS ORDER ONLY   
 (Fill-out one and done.) (Quote/Invoice # or Order Date.)

For **(total charge if known)** \$  and I absolutely guarantee payment for any purchases made with the credit card information provided above, including renewed cards.

Owner/Officer's Name:  Signature of Owner/Officer: \_\_\_\_\_  
 (Please print clearly.) (Sign with Adobe Reader Fill & Sign or manually print, sign and scan.)

### SHIPPING INFORMATION

If **SHIPPING ADDRESS** is the same as **BILLING ADDRESS**, omit this section and check this box:

Recipient's Name:  Recipient's Shipping Address:

City:  State:  Zip Code:

Phone#:  Fax#:  E-Mail:

### AUTHORIZATION

I Authorize Benzeen Auto Parts to ship the merchandise purchased with the above credit card account number to the above credit card billing address and company billing address as well as any addresses in this form under the heading of "Shipping Address". And I am fully aware that my credit card is being charged for any such purchases.

Card Holder's Name:  Signature of Card Holder: \_\_\_\_\_  
 (Please print clearly.) (Sign with Adobe Reader Fill & Sign or manually print, sign and scan.)