



*"Home of Quality Used Parts"*

2210 N. University Road

Spokane, WA 99206-4782

Tel/Fax 509.924.3300

Customer Credit Card Authorization Form

Alternate Shipping Address

Attention: \_\_\_\_\_

PLEASE PRINT

Customer Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Phone Number (      ) \_\_\_\_\_

Card Holder Name \_\_\_\_\_

➡ I HEREBY AUTHORIZE SPALDING AUTO PARTS TO CHARGE MY CREDIT CARD \$ \_\_\_\_\_ ⬅  
AND TO SHIP THE ITEMS PURCHASED TO THE ALTERNATE SHIPPING ADDRESS BELOW

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Card # \_\_\_\_\_

3-Digit Code \_\_\_\_\_

Expiration \_\_\_\_\_

ALTERNATE SHIPPING INFORMATION

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

PHOTOCOPY THE FRONT OF YOUR  
DRIVER'S LICENSE HERE

PHOTOCOPY THE FRONT OF YOUR  
CREDIT CARD HERE

PHOTOCOPY THE BACK OF YOUR  
CREDIT CARD HERE