



Wallace Automotive Group Wholesale Credit Card Authorization Form

To protect our customers from unauthorized credit card charges, this form MUST be completed when not physically present with your credit card. **Please Fax to:** _____

Name on Credit Card _____ Date _____

Physical Address (if different than billing address) _____ Phone _____

Street _____

City, State, ZIP _____

Parts Invoice Number _____ Repair Order Number _____

Is this authorization for a one-time charge or for recurring charges? One-Time () Recurring ()

If this is a recurring charge, please state time limit (if any) _____

Credit Card type Visa () Mastercard () Discover () American Express ()

Credit Card Number _____

Expiration Date _____ CVS# - 3-4 Digits on rear of card _____

Credit Card Billing Address:

Street _____

City, State, ZIP _____

By signing the below, I agree to the following:

1. I am the authorized signer/user for the credit card being charged.
2. I agree with all information given on this form.
3. I have been explained all charges and authorize Wallace Auto Group to apply them as instructed here

Authorized User's Signature: _____

Authorized User's Printed Name: _____

Comments: _____

No refunds after 5 working days – No refunds on Special Order or Electrical Parts

All returns must be in original & undamaged package and are subject to restocking fees