

CREDIT CARD SALE AUTHORIZATION FORM

Fax to: 434-836-1078

Oakes Auto Parts, Inc.
297 Ripley Drive
Danville, VA 24540
434-836-4997

Date: _____

Transaction Reference#: _____

Description of Purchase#: _____

CARD INFORMATION

Card Type: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____ **SECURITY CODE:** _____

Name as it appears on Card: _____

Card Holders Address: _____

ZIP CODE: _____

Card Holders Home Phone#: _____

Card Holders Work Phone#: _____

I/WE AUTHORIZE OAKES AUTO PARTS, INC. of DANVILLE, VA TO CHARGE MY CREDIT CARD IN THE AMOUNT OF: \$ _____

CARD HOLDERS SIGNATURE: _____