

# CAPITAL CITY Auto Salvage

77 Armento St. Johnston, Rhode Island 02919

Credit Card Authorization Form  
www.capitalcitysalvage.com

Phone: 866-355-2970

Local: 401-232-3210

Fax: 401-232-0571

**Please fax this form to us. Purchase will not be shipped until this form is completed and verified.**

Company Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Year/Make/Model \_\_\_\_\_

Part: \_\_\_\_\_

Price + Tax: \_\_\_\_\_

Stock#: \_\_\_\_\_

Shipping: \_\_\_\_\_

Total: \_\_\_\_\_

We accept all major credit cards.

Please circle one:



Card Holders Name as appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

V-Code: \_\_\_\_\_

I hereby authorize Capital City Auto Salvage to charge the amount above to my credit card for my order. I understand and agree to the sales policy and warranty.

Card Holders Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Please fax us a copy of your license and both sides of your credit card.**

**No refunds on shipping**