

Credit Card Authorization Release Form

Credit Card Information (choose One) *VISA Mastercard*

Credit Card Account #: _____ Exp Date: _____

Billing Information

Company Name _____ DBA _____

(if applicable)

Cardholders Billing Address: _____

(no PO Boxes Accepted)

City: _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

I _____ (name of card owner or officer) authorize Richie Rich

Auto Parts, Inc. to charge the above credit card for:

(choose one) ALL ORDERS OR THIS ORDER ONLY _____

(date of order) (not including freight)

I guarantee payment for any purchases made with the credit card account number identified above including renewed cards. I also authorize the freight charges that apply.

Signature of owner/officer Date

Print Name _____

Title _____

Shipping Information*

Check here if the shipping address is the same as the billing address.

* Complete this section ONLY if the shipping address is DIFFERENT from the billing address.

Recipients Name _____ Phone Number _____

Shipping Address _____

City _____ State _____ Zip _____

I Authorize Richie Rich Auto Parts, Inc. 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 on this form under the heading of "Shipping Address". I am fully aware that my credit card is being charged for any such purchases.

Cardholders Signature: _____ Date _____

Richie Rich Auto Parts Inc. 1658 West
Broadway Road Phoenix, Az. 85041
(602)268-5555 Fax (602)304-1246