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CREDIT CARD VERIFICATION FORM

WHEN AN ORDER NEEDS TO BE SHIPPED TO AN ADDRESS DIFFERENT FROM THE BILLING ADDRESS OR WHEN AN INTERNATIONAL CREDIT CARD IS USED, WE NEED TO OBTAIN YOUR AUTHORIZATION. YOUR COMPLETION OF THIS AUTHORIZATION FORM HELPS US TO PROTECT YOU, OUR VALUED CUSTOMER, FROM CREDIT CARD FRAUD. VELDMAN'S AUTO PARTS INC. WILL KEEP ALL INFORMATION ENTERED ON THIS FORM STRICTLY CONFIDENTIAL. VELDMAN'S AUTO PARTS INC. RESERVES THE RIGHT TO REFUSE ANY INTERNATIONAL ORDER.

COMPLETE THE FORM AND INCLUDE THE PHOTOCOPIES OF THE FRONT AND BACK OF THE SIGNED CREDIT CARD AND A DRIVER'S LICENSE OR OTHER VALID GOVERNMENT-ISSUED IDENTIFICATION. FAX THE COMPLETED FORM AND THE PHOTOCOPIES TO (574)-288-2198 TO COMPLETE YOUR ORDER.

INVOICE #: _____ INVOICE AMOUNT: US\$ _____

NAME ON CREDIT CARD: _____

TYPE OF CARD: (PLEASE CIRCLE ONE) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD #: _____ EXPIRATION DATE (MONTH / YEAR): _____

CARD VERIFICATION #: / SECURITY CODE: _____ (NUMBERS LOCATED ON BACK OF CARD IN SIGNATURE AREA)

THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP / POSTAL CODE: _____

COUNTRY: _____

SHIP MY ORDER TO THE FOLLOWING ADDRESS:

PHONE #: _____ DELIVERY ADDRESS (PLEASE CIRCLE ONE): BUSINESS RESIDENTIAL

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP / POSTAL CODE: _____

COUNTRY: _____

I HERBY AUTHORIZE VELDMAN'S AUTO PARTS INC. TO DEBIT MY ABOVE-MENTIONED CREDIT CARD FOR THE ABOVE – ORDER / INVOICE NUMBER AMOUNT BEING THE CHARGE FOR THE ITEMS THAT I HAD PURCHASED FROM VELDMAN'S AUTO PARTS INC.

I UNDERSTAND AND AGREE THAT SHOULD I DISPUTE THE ABOVE CREDIT CHARGE THROUGH MY CREDIT CARD ISSUER OR CREDIT PROVIDER, IT WILL CONSTITUTE A BREACH OF CONTRACT AS WELL AS CREDIT CARD FRAUD.

I HAVE INCLUDED SIGNED PHOTOCOPIES OF FRONT AND BACK OF CREDIT CARD AND VALID IDENTIFICATION AS REQUESTED ABOVE.

I UNDERSTAND THAT THIS INFORMATION WILL BE USED FOR THE PURPOSE OF VERIFICATION FOR THE CREDIT CARD.

BY SIGNING BELOW AND SUBMITTING FOR PAYMENT, I ACKNOWLEDGE ACCEPTANCE THAT ALL INFORMATION MUST BE TRUE AND CORRECT IN ORDER FOR YOUR ORDER TO BE PROCESSED. THESE DOCUMENTS (THIS FORM AND THE PHOTOCOPIES OF THE CREDIT CARD AND VALID IDENTIFICATION) MUST BE RECEIVED VIA FAX OR MAIL PRIOR TO SHIPMENT.

CARD HOLDER'S SIGNATURE: _____ DATE: _____