



CREDIT CARD AUTHORIZATION FORM Date _____

***PLEASE FILL IN ALL INFORMATION SO THAT YOUR ORDER IS PROCESSED QUICKLY & ACCURATELY!**

GO AUTO SALES REP _____

CREDIT CARD # _____

CREDIT CARD TYPE _____ HOLLANDER # _____

AMOUNT \$ _____ (USD) YEAR OF VEHICLE _____

CARD CV2 # (On Back) _____ MAKE & MODEL _____

EXPIRATION DATE _____ PART NEEDED _____

BUSINESS NAME _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

WOULD YOU LIKE A TRACKING NUMBER? Yes No (Number will be emailed)

NAME OF DESTINATION COMPANY _____ ****Send invoice/rcpt**

SHIPPING ADDRESS _____ **with shipment?**

Yes No

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

PRINTED NAME

FAX OR MAIL TO:

GO AUTO RECYCLING 12270 NEW KINGS ROAD JACKSONVILLE FLORIDA 32219

FAX # (904) 764-2004 Call with any questions (904) 765-4242