

Phone: 603-837-3005  
Fax: 603-837-3049



E-mail: parts@whitemtauto.com  
www.whitemtusedparts.com

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### CREDIT CARD AUTHORIZATION

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Please take extra care that all information is correct, as this is our shipping information. Fax the completed, signed form and copy of cardholder's license to 603-837-3049.

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

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

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

MC     VISA    Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CCV CODE : \_\_\_\_\_ (three numbers on back of credit card)

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

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

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby authorize White Mountain Auto Broker, Inc. (DBA, White Mountain Auto Used Parts) to charge the order described below on my credit card. My signature on this agreement is binding. I agree that if I refuse this shipment I will be responsible for all shipping and handling charges.

DETAIL OF CHARGES:

Parts: \$ \_\_\_\_\_

Core: \$ \_\_\_\_\_

Freight: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_



466 Lancaster Road • Whitefield • NH • 03598