



CREDIT CARD AUTHORIZATION FORM

The undersigned agrees that the credit card listed on this form is authorized for only the following uses by Tmsparts.com - Parts Purchased, Shipping Charges, Restock Fees, and Refunds.

Company Name: _____

Billing Address: _____

City: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Card Holder's Printed Full Name _____

Credit Card # _____ Expires: _____ Cvv: _____

I authorize Tmsparts.com to bill the above credit card and I accept the responsibility for all charges related to Parts Purchased, Shipping Charges, Restock Fees, and Refunds applied to this credit card.

Authorized Cardholder's Signature: _____

Date: _____

Please email this form, along with a photo copy of your driver's license and credit card to jd@tmsparts.com or fax to 951-493-8808