



Credit Card Authorization Form

In order to protect our customers, anytime a credit card is given over the telephone, we must obtain authorization. Please complete this form and return via fax to us.

Instructions

1. Complete form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign on the indicated line (must be the card holder's signature).
3. Include a copy of the **front** and **back** of the signed credit card.
4. Include a copy of the card holder's ID (driver's license, etc.).
5. Fax this form with the copies of the credit card and ID back to us at 1-817-625-2814 to complete your order.

I, _____, as the legal card holder on the following credit card, hereby authorize Truck Center of Fort Worth, Inc. to charge my credit card account in the amount of \$ _____ (including shipping and/or taxes if applicable).

Type of Card: Visa Mastercard Discover American Express

Card #: _____

Expiration Date: _____ CVC Code*: _____

8CVC Code is the last three digits on the back of the card (4 digits on front of AMEX)

Credit Card Billing Address	Requested Shipping Address
Street: _____ _____	Street: _____ _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone: _____	Telephone: _____

As the card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature: _____

Date: _____.

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud.

Complete and fax all documents required to 817-625-2814

2901 N. Freeway
P.O. Box 161429
Fort Worth, Texas 76161-1429

www.tcftw.com

817*624*3181
800*709*3184
Fax: 817*625*2814