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Credit Card Authorization

This form is used to authorize the debit of your credit card for the service(s) specified below

Name/Company Name :	
Phone	
Email Id :	
Card #	
Expiry	
Type of Card:	
Address	
Purchase:	
I hereby grant and authorize BRAR BROTHER AUTO PARTS permissi above credit card. I the cardholder further agree to pay all freight and ship of the order even in the event that the cardholder refuses shipment on delivered by phone/email and my signature on this agreement is binding	ping charges that apply to the billing very of the above order. This order h
Signature of Cardholder	Date
Please sign and email to <u>info@brarbrotherautoparts.com</u> or Fax +1 4	403-719-3308

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