



**BRICKYARD AUTO PARTS**  
**602 MORRIS ST.**  
**DARLINGTON, PA 16115**  
**724-775-5098**

## CREDIT CARD AUTHORIZATION FORM

*I hereby give permission and authorize Brickyard Auto Parts to make the following charges to my credit card*

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Credit Card#: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name Exactly as on Account: \_\_\_\_\_

Billing Address on Account: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Dollar Amount of Charges\$ \_\_\_\_\_

Description of Goods Purchased: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Please Print Clearly. Photocopies of your driver's license, credit card, and authorization form should be faxed to 724-775-2077 or emailed to [lindsayc@brickyardautoparts.com](mailto:lindsayc@brickyardautoparts.com)

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