

Credit Card Payment Authorization Form

This form authorizes RevolutionParts to charge your credit/debit card for amounts governed by the Order form and RevolutionParts Terms of Service. A detailed receipt for each payment will be emailed to you.

Charges will appear on your card statement as "REVPARTS" or "REVOLUTIONPARTS"

Please complete this form, then e-mail to ar@revolutionparts.com or fax to **866-593-9896**.

I _____ authorize RevolutionParts, Inc to charge my credit for agreed upon charges in relation to RevolutionParts services.

Business Name _____

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____ CVV _____	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel services with RevolutionParts, Inc or notify RevolutionParts, Inc of a change in payment method in writing, and I agree to notify RevolutionParts, Inc in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For charges to my credit card, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of charges to my credit card must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card account and will not dispute these scheduled charges with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.