



587 Pine River Pond Road – P.O. Box 186 – East Wakefield, NH
03830 P: (603) 522-8216 F: (603) 522-3007
www.woodmanspartsplus.com

CREDIT CARD AUTHORIZATION

Company Name: _____

Company Physical Address: _____

Telephone Number: _____

Credit Card Information

Card type (circle one) MasterCard Visa Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

Card Security Code: _____

(The card security code is located on the back of the card, last three digits before signature)

Card Holder's Name: _____

Card Billing address: Check if same as physical address

The completion and signing of this form authorizes Woodman's Parts Plus to electronically process purchases on the above card when instructed. Woodman's Parts Plus will then mail the receipt to the card holder. This information will be kept in a confidential file unless otherwise instructed by the card holder.

Card Holder's Signature: _____ Date: _____

*** Allow 2 - 3 weeks for approval ***