

**Rose Time Auto Parts**

1215 Montgomery Avenue

Staunton, VA 24401

PH 540-885-1569 Fax: 540-885-3410

Ashlea.Campbell@rosetimeinc.com

**Approval to process credit card**

Rose Time Auto Parts has my approval to run credit card number \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Card type \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx \_\_\_\_\_

Billing address of the card \_\_\_\_\_

In the amount of \_\_\_\_\_ for the following part(s):

\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Print name of Card Holder \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Date \_\_\_\_\_

**Please complete all information.**

**Fax or email a clear photocopy of the front and back of the credit card.**

**Fax or email photo identification matching the name on the credit card being used. Transaction will not complete until all information is received.**