



Credit Card Authorization Form
www.RoyalUsedAutoParts.com

800 Martin Street
Rahway NJ 07065

Phone: 732-382-0754
Fax: 732-382-1123

Please fax this form to us. Purchase will not be shipped until this form is completed and verified.

Company Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone: _____

Shipping Address: _____

City, State, Zip: _____

Attention to: _____

Phone: _____

Parts, Repair,
Towing: _____

Price + Tax: _____

Shipping: _____

Total: _____

We accept all major credit cards.

Please circle one:



Card Holders Name as appears on card: _____

Billing Address: _____

City, State, Zip: _____

Credit Card Number: _____

Expiration Date: ___/___/___

V-Code: _____

I hereby authorize Royal Used Auto Parts to charge the amount above to my credit card for my order.
I understand and agree to the sales policy and warranty.

Card Holders Signature: _____

Date: _____

Note: Please fax us a copy of your license and both sides of your credit card.