



CREDIT CARD AUTHORIZATION FORM

Attn: _____

Date: _____

I _____ authorize Peacock's Auto Salvage
to charge my credit card for services rendered and not to exceed the amount
shown below.

Amount _____

Year _____

Credit Card Type _____

Make _____

Credit Card # _____

Model _____

Card CV2# _____

VIN _____

Issue Date _____

Part Type _____

Expiration Date _____

Shipping Address _____

Billing Address _____

Billing Zip Code _____

Shipping Zip Code _____

Name on Card _____

(As it appears on Card)

Contact Name _____

Contact Phone # _____

Signature _____

Date _____

Please return this form to our office by either faxing it to 478-743-6549 or mailing it to
our office located at 919 Hwy 49 Macon, GA 31211