



# Credit Card & EFT Authorization

Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

NAME AS IT APPEARS ON CARD: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 CITY, STATE ZIP: \_\_\_\_\_  
 COUNTRY: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**CREDIT/DEBIT CARD:**

**CARD TYPE**

MASTERCARD  VISA  DISCOVER

**CARD NUMBER**

\_\_\_\_\_

**EXPIRATION DATE**

(\_\_\_\_/\_\_\_\_)

**KEEP CARD ON FILE**

YES  NO

**CARD CODE VERIFICATION (3 OR 4 DIGITS ON BACK)**

IF NO, PLEASE INDICATE AUTHORIZED AMOUNT: \$\_\_\_\_\_

\_\_\_\_\_

**ELECTRONIC CHECK/EFT:**

ROUTING NUMBER: (\_\_\_\_\_)

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: (\_\_\_\_\_)

CHECKING  SAVINGS

I, \_\_\_\_\_ AUTHORIZE GBODY PARTS TO USE THE CARD ABOVE FOR PURCHASES AUTHORIZED BY ME AS INDICATED ABOVE. I AGREE TO PAY FOR THIS PURCHASE IN ACCORDANCE WITH THE ISSUING BANK CARDHOLDER AGREEMENT.

**AUTHORIZING SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** (\_\_\_\_/\_\_\_\_/\_\_\_\_)

**PLEASE RETURN COMPLETED FORM TO:**

GBODY PARTS LLC

7207 MAIN ST

BETHEL, NC 27812

FAX: 252-825-3295

EMAIL: CUSTOMERSERVICE@GBODYPARTS.COM