

**Credit Card Authorization**  
Coosktown Auto Centre Ltd.  
5046 5<sup>th</sup> Sideroad, R.R. #3  
Cookstown, On. L0L 1L0  
Phone: 705-458-4366  
Fax: 705-458-1656  
**VISA, M/C, AMEX**

**Please print clearly**

Cardholder Name: \_\_\_\_\_

Credit Card Billing address: \_\_\_\_\_

\_\_\_\_\_

Shipping Address if different than above: \_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp date \_\_\_\_\_

3 digit code on back of card \_\_\_\_\_

Salesman's name: \_\_\_\_\_

Invoice #: \_\_\_\_\_

I hereby authorize Cookstown Auto Centre Ltd. to charge this card number for the purchase amount stated below. I understand that I have placed this order online or by phone and my signature on this form is binding.

Total amount authorized: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_