

S&L Auto Recyclers
1859 Scanlan St, London, Ont, N5W 6C3
519-659-1360

Pre-Authorized Credit Card Form

Part Requested	Year	Vehicle

Please attach a copy of your Credit Card and Drivers License

*In Lieu of my credit card imprint, I _____ hereby authorize
S&L Auto Recyclers Inc. to charge the amount of \$ _____ to my credit card.
I fully understand the payment is non-refundable, and I am responsible for all
shipping charges, plus any additional costs incurred through extra shipping and/or
duties under any circumstance. Additional costs will be added to my card as necessary.*

Full Name (as it appears on card) _____

Company (if applicable) _____

Phone: _____ / _____ / _____

Address _____

City _____ Prov _____ Postal _____

Credit Card Type: Visa _____ Mastercard _____

Credit Card Number _____ / _____ / _____ / _____

Expiration Date _____ / _____ Security Code _____

Cardholder's Signature: _____

Print Customer's Name _____

(please print)

Date: _____

**Note: Please complete form and
Fax to 1-519-659-1920 Or email to: slauto@outlook.com**