

*Ennis Auto Recyclers, Inc.*

3511 Ensign Rd.  
Ennis, TX 75119

(800) 747-5343  
Fax: (972) 875-8829

www.ennisauto.com  
ennisautorecyclers@gmail.com



### Credit Card Payment Authorization Form

Sign and complete this form to authorize **Ennis Auto Recyclers, Inc.** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

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#### Please complete the information below:

I \_\_\_\_\_ authorize **Ennis Auto Recyclers, Inc** to charge my credit card  
(Company or Customer Name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment  
is for (amount) (date)

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\_\_\_\_\_ (description of goods/services)

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

PO # \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

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

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.