

Authorization for Credit Card Use

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard (We ONLY accept Visa or Mastercard!)

Credit Card Number: Call to give credit card number over the phone

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD) does not include freight charges

(Shipping charges not included, will be added after calculated)

I authorize Hagan Tractor Parts, Inc to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Hagan Tractor Parts, Inc.

7755 S Hwy 51

Broken Arrow, OK 74014

800-365-0602

918-251-6393 fax

hagantrac@yahoo.com