

CREDIT CARD SALE AUTHORIZATION FORM

**Fax to: 434-295-2041**

**Harry A. Wrights, Inc.**

**1320 East Market St. Charlottesville, VA 22902**

**434-295-9191 or 800-727-7574**

Date: \_\_\_\_\_

Transaction Reference#: \_\_\_\_\_

Description of Purchase#: \_\_\_\_\_

CARD INFORMATION

Check One: Visa  Master Card  Discover

**CREDIT CARD ACCOUNT NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **SECURITY CODE:** \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Card Holders Address: \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

Card Holders Home Phone#: \_\_\_\_\_

Card Holders Work Phone#: \_\_\_\_\_

*Third Party Pickup Authorization:*

**I/WE AUTHORIZE \_\_\_\_\_  
TO PICKUP THIS PURCHASE ON MY/OUR BEHALF FROM HARRY A. WRIGHTS, INC.**

**I/WE UNDERSTAND ALL SALES & WARRANTY TERMS OF THIS TRANSACTION  
& AUTHORIZE: HARRY A. WRIGHTS OF CHARLOTTESVILLE, VIRGINIA  
TO CHARGE MY/OUR CREDIT CARD IN THE AMOUNT OF: \$ \_\_\_\_\_**

**CARD HOLDER'S SIGNATURE:** \_\_\_\_\_