Ohio Fax (330) 259-4781 Georgia Fax (404) 349-4683 Florida Fax (954) 963-6832	CLIPSE Aftermarket Group, Inc.
Salesperson	Credit Card Authorization Forn
Transaction Date:	
Transaction Amount: \$	
Credit Card Type: VISA MASTERCARD	DISCOVER AMERICAN EXPRESS
Card Number:	
CSV Code (Number on back of Card. 3 or 4 dig	gits):
Expiration Date	
Company Name:	
Card Holder's Name (as it appears on card):	
Cardholder's Billing Address: (As it appears on credit card statement) (Shipments must be made to billing add	
Street Address:	
Suite or Unit #: City: State:	

Customer Authorization & Signature

I authorize Eclipse Aftermarket Group, Inc. to charge the above referenced credit card for invoices processed for the above referenced company. In the event that any credit card charge is charged back to Eclipse Aftermarket Group, Inc for any reason, I/we understand that I/we are fully responsible for payment to Eclipse Aftermarket Group, Inc. and guarantee payment to Eclipse Aftermarket Group, Inc upon notification of said chargeback. In the event that any action taken to collect or bring action on this guarantee, whether or not legal action is filed, the undersigned parties agree to pay any reasonable attorney fees and all the cost of collection. This authorization is in effect unless/until Eclipse Aftermarket Group, Inc. receives written notification otherwise. Any damaged or missing product must be reported to the delivering freight company and Eclipse Aftermarket Group.

Cardholder Signature

Carunoluci Manie (I rinicu)	Cardholder Name (Printed)
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Date

(Credit Card information must match exactly or card will not process)