

To Sherwood Auto Parts Ltd.
Port Alberni, BC Fax # 250-723-7511

I authorize Sherwood Auto Parts to charge my **VISA/MASTERCARD** for
the amount of _____.

Card # _____

Expiration date _____ 3 digit security code # _____ (from back of
card)

Name on card _____

Shipping address _____

Signature

Phone #

Date