

**Fred Beans Parts Inc  
131 Doyle Street  
Doylestown, Pa 18901**

**CREDIT CARD ON FILE AUTHORIZATION**

**Business Contact Information**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Credit Card Use**

I understand that Fred Beans Parts Inc. will hold the information here in, in a secure manner and process payments and credits when deemed necessary per the agreement below. I understand that if the card payment will not process, the account will be immediately suspended until such time that the account is back in good standing. Credit cards on file can be removed at anytime by my myself or by Fred Beans Parts Inc.

**Credit Card Processing Expectations**

1. At time of delivery, invoice will be signed for and invoices will be processed to credit card on file.
2. Drop ships or direct ship payments will be processed at time of order.
3. Cores - will be charged to cards if they are not returned to Fred Beans Parts inc. within 30 day.

**Credit Card Surcharge Acknowledgement**

I acknowledge that by signing this Credit Card on File Authorization form that Fred Beans will impose a surcharge of 3% when paying with a credit card, which is not greater than our cost of acceptance. The adjustment will appear on your receipt. We do not surcharge debit cards. Any purchases made with a debit card will not include a surcharge. This surcharge will be imposed at each transaction.

**Signatures**

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

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

**Credit Card Information**

Receipt Required: (Please check one)

\_\_\_\_ Fax Receipts to: \_\_\_\_\_  
\_\_\_\_ Email Receipts to: \_\_\_\_\_  
\_\_\_\_ Mail Receipts to: \_\_\_\_\_

\_\_\_\_ Check here if Billing address is same as Contact address

Credit Card Billing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Credit Card:

Card Type: (Please select one)    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ Discover

Card Number:

Expiration Date:    /    CVV Number:

## **Credit Card on File Authorization form Instructions**

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### **Things to know before completing form**

This form must be completed in its entirety. Incomplete forms will be rejected.

Only one credit card can be kept on file.

Photos or jpeg attachments are not acceptable methods of return

### **This form can be sent back to Fred Beans Parts Accounting by fax, email or mail**

Fax Number: 267-898-2270

Email - [equeen@fredbeans.com](mailto:equeen@fredbeans.com)

Mail: Fred Beans Parts  
131 Doyle Street  
Doylestown, Pa 18901  
Attn: Van Queen