



Please fill out all information below, sign and email back to:
online_orders@wattstruck.com or fax to: 724-668-8173



Please include a copy of the credit card (front and back) as well as a copy of the cardholder's drivers license or photo ID.

Card Holder Information

Card Type (check one): ___ Visa ___ Mastercard ___ AmEx ___ Discover

Name (as appears on card): _____

Card Number: _____

Card Expiry Date: ___ / ___ CVV _____

Daytime Phone Number: (_____) _____

Address of Cardholder: _____

Authorization

I, the designated cardholder of the above listed credit card, authorize Watt's Truck Center, Inc. to charge the amount of \$_____ as payment for work order / invoice #_____ to the above listed credit card.

Signature of cardholder: _____

Date: _____

If you wish to receive a copy of your credit card receipt and work order / parts invoice, please indicate: _____ mail to address listed above

_____ fax to _____

_____ email to _____

Watt's Truck Center, Inc.

8059 Route 22

Po Box 707

New Alexandria, PA 15670

724-668-2201 or 1-888-304-6225

www.wattstruckcenter.com