



A Division of Automotive Aftermarket, Inc.

GENERAL OFFICES - 10425 S. LA CIENEGA BLVD, LOS ANGELES, CA 90045. PH: 310-703-5700, FAX: 310-703-5750

CREDIT CARD AUTHORIZATION – Reoccurring Terms

PLEASE CHOOSE THE DESIRED CREDIT CARD TERMS



DAILY	NET due the following working day	
WEEKLY	Weekly statement printed Mondays – Net due Friday	
MONTHLY	Monthly statement printed end of month – Net due 10 th of month	

COMPANY NAME	
ACCOUNT #	
NAME ON CREDIT CARD	

BILLING ADDRESS OF CREDIT CARD	
Street	
City	
State/Zip	

CREDIT CARD TYPE & NUMBER	
Visa	
Mastercard	
American Express	
Discover	

EXPIRATION DATE	/
CCV CODE	

I authorize Completes Plus to use the credit card listed above to process payment for the indicated account(s). I understand that payment will be processed on the due date as stated in the terms above. I will notify Completes Plus in writing of any changes to this agreement.

AUTHORIZED SIGNATURE	
PRINT NAME	
TITLE	
DATE	/ /

Please return this form to our Accounts Receivable Department
FAX # 310-703-5750 or cpoffice@completesplus.com

If you have any questions, please call 310-703-5700

Thank you for purchasing from Completes Plus – we appreciate your support!