



ARCHIE COCHRANE MOTORS, INC.

www.billingsford.com

CREDIT CARD AUTHORIZATION

I, _____ hereby authorize Archie Cochrane
Name as it appears on credit card

Motors, Inc. to use my credit card for payment of Service and/or Parts in

the amount of \$ _____ RO# _____

Credit Card Number _____ Expiration Date _____

Mailing Address _____

Transaction Date _____ Transaction Approval Code _____

Cashier Name _____

Customer Signature

Please fax back immediately to complete authorization. 406-652-0611 Fax