1039 - 1045 MARKET STREET
PATERSON, NEW JERSEY 07513

973-881-1200
FAX 973-881-1298

I _____ Hereby authorize Alpine Auto Gallery LLC

("Alpine") to place a hold/charge in the amount indicated below on my credit/debit account. This authorization is to cover the security deposit to Join the Copart bidder/broker program in accordance with Alpine's terms and conditions. I further authorize Alpine to charge my card IN addition to the initial deposit in the event that I fail to cover any fees due to either Copart or Alpine in connection to the broker program. I guarantee full payment and agree not to dispute any of the charges.

Date _____

Amount of initial charge $_____

Name as it appears on Credit/debit card _____

Charge to:

American Express _____ Master card _____Visa_____ Discover_____

Card Number ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

CCV_____ Expiration Date _____/_____

Signature_____

Printed name as it appears on card _____

Billing address of card_____

Phone _____