

4120 Winchester Kansas City, MO 64129

CREDIT CARD AUTHORIZATION

(Please Print Clearly	y)			
DATE	Card Holder Name:			
Billing Address:			(As it appears	s on statement)
City:	State		Zip	
Credit Card #:		CVV#	EXP DATE	
HOME#	WORK#		FAX#	
**	Credit card # will be destroyed	after processing, we DO	NOT keep credit card	information on file
	Shipp	ng Information		
Ship to:		Attn		
Address		Phone		
City:	State:	Zip):	
You also agree that any	give us permission to debit you and all unauthorized freight cha nis agreement may be charged	ges (such as lift gate de		
Yr Mak	ке	Part (s)		
Parts \$	Core \$	Freight\$	Tax \$	
Total Purchase & C	Charges \$			
	PUOTO			
	PHOTO I			
	Driver's License, State ID, et	D.		
Cardholder Signa	ture:			