

Credit Card Authorization
Please Fill out completely and fax or e-mail back:
F 814-425-1110 pattersonaw@windstream.net



BILLING

Printed Name of Cardholder: _____

Name of Company: _____

Address: _____

City, State, Zip _____

Phone number: _____

E-mail: _____

SHIPPING

() Same as Above () Ship Blind

Name of Company: _____

Address: _____

City, State, Zip _____

Phone number: _____

E-mail: _____

****REQUIRED**** fill out the information about the vehicle you are purchasing parts for

PO# _____ YEAR _____ MODEL/YEAR _____

Parts Purchased _____

Credit card information:

Number _____

Expiration Date _____ Security Code _____

Amount to charge card \$ _____

Signature _____ Date _____



