

AutoPartBoxes.com

Order Form for Credit Card Purchase - VISA - MasterCard - AMEX

Phone: 1-877-388-0038

Fax: 1-705-743-3637

I, _____ authorize AutoPartBoxes.com to charge my credit card as listed below for the purchase of goods. (Form must include EXACT NAME as it appears on credit card and EXACT BILLING ADDRESS of credit card.)

COMPANY:	_____		
BUYER:	_____		
ADDRESS:	_____		
CITY:	_____		
PROVINCE /STATE:	_____	POSTAL /ZIP CODE:	_____
NAME ON CARD:	_____		
CARD NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECURITY CODE:	<input type="text"/>	EXPIRY DATE:	<input type="text"/> (MM) <input type="text"/> (YY)
CARD TYPE:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
AMOUNT PURCHASE AUTHORIZED:	\$ _____		
SIGNATURE OF CARDHOLDER:	_____		

SALESPERSON:	_____		
DATE ORDERED:	<input type="text"/> (DD)	<input type="text"/> (MM)	<input type="text"/> (YYYY)

SHIPPING INFORMATION:	<input type="checkbox"/> business address	<input type="checkbox"/> residential address	
NAME:	_____		
ADDRESS:	_____		
CITY:	_____		
PROVINCE /STATE:	_____	POSTAL /ZIP CODE:	_____
PHONE:	_____	FAX:	_____
EMAIL:	_____		

Do you require lift gate service at shipping destination? yes no

(Please note that there is an additional charge of \$75.00)