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 364 Dixon Road, Lexington, NC 27292. Phone (336) 956-7778 Fax (336) 956-8699

## CREDIT CARD AUTHORIZATION FORM

**\*PLEASE FAX OR EMAIL BACK TO (954)739-9514 OR ZELMA@AIRPARTSCO.COM\***

Company Name: \_\_\_\_\_  
 Customer Number: \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date (Mo/Yr): \_\_\_\_\_  
 Security Code: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Invoice(s) or Sales Order#: \_\_\_\_\_



American Express   
 Visa   
 Master Card   
 Discover

Billing Address: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_



If you would like Airparts Company Inc. to keep this information on file for future orders please mark here.

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