

CREDIT CARD AUTHORIZATION

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ENGINE PARTS UNLIMITED, INC.
6 KIRTLAND COURT
WALLINGFORD, CT. 06492
Tel: (203) 265-7871
Fax: (203) 265-2159
www.epu.com

BILLING ADDRESS

Company Name: _____

Company Address: _____

Telephone: _____ Fax: _____ Email: _____

SHIP TO ADDRESS (Same as billing address: ___ Yes; ___ No)

Company Name: _____

Company Address: _____

Telephone: _____ Fax: _____ Email: _____

CREDIT CARD INFORMATION

Type of Card: _____

Card Number: _____

Expiration Date: _____

Security Code (last 3 digits on back of card): _____

Name on Card (print): _____

Cardholder's Signature: _____ Date: _____

ORDER SUMMARY

The undersigned hereby authorizes Engine Parts Unlimited, Inc. to utilize the credit card specified above for payment of all services provided to the company named above.

Name (print): _____ Authorized Signature: _____ Date: _____

*Please fax this document back to (203) 265-2159 as agreement and acceptance of these terms.
If you have any questions, please contact us at the phone number listed at top.*