



4145 Hwy 92 E, Lakeland FL 33801  
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**AUTHORIZATION FOR CREDIT CARD PAYMENT**

SALESPERSON: \_\_\_\_\_ QUOTE #: \_\_\_\_\_ PO#: \_\_\_\_\_

CUSTOMER/COMPANY NAME: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

MC VISA DIS  
(AMEX not accepted)

SECURITY CODE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ AMT \$: \_\_\_\_\_

**PART(S) REQUESTED** \_\_\_\_\_

\_\_\_\_\_

PART RECIPIENT VIN: \_\_\_\_\_

CARD BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

SHIP-TO ADDRESS: \_\_\_\_\_  
(if different from billing)

CITY, STATE, ZIP CODE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**EMAIL A PHOTO OF THE CARD HOLDER'S PICTURE ID AND FRONT & BACK OF CREDIT CARD**