Dear Sir or Madam:

For your protection, Wholesale Parts Direct will not accept credit card payments over the phone without this signed consent form by the cardholder. The accepted credit cards are **VISA**, **MasterCard** and **Discover**. We do not accept American Express.

Please complete and Mail / Fax to the following address:

Wholesale Parts Direct
400 Industrial Blvd
Austin, Texas 78745
512-450-0269 - Fax

Please print all information. The details below must match the information for the card.

Visa ☐ Master Card ☐ Discover ☐

Card Number _____

Card Expiration Date _____ V-Code _____ (THREE DIGIT CODE ON BACK OF CARD)

Company Name _____

Name on Card _____

Card Billing Address _____

City _____

State _____ Zip _____

Phone Number ( ) - Fax Number ( ) -

" I _____, hereby authorize
PRINTED NAME
Wholesale Parts Direct to charge my credit card for parts purchased, if I am not present at the time of sale."

Please check the applicable box: ☐ ONE TIME CHARGE

☐ KEEP ON FILE FOR FUTURE PURCHASES

Cardholder Signature _____ Date _____

Printed Name _____

Please include a copy of the front and back, with signature, of the credit card listed above.

To have your card **REMOVED** from our files, please contact us at 512-458-2910.

Thank you,

Management