



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
201 E. Anderson Lane
Austin, Texas 78752
FAX: (512) 381-0162

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