

Automotive Precision Machinery, Inc.

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___Visa ___MasterCard ___Discover ___AMEX

Credit Card #: _____

Expiration Date: _____

CCV Security Code: _____

Amount to Charge: \$ _____(USD)

I authorize Automotive Precision Machinery, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Sign, Date, and Print Name below:

Signed: _____

Date: _____

Print Name: _____

IMPORTANT

Fax or email the completed form, along with legible photocopies of your Driver's License and Credit Card to:

**Automotive Precision Machinery, Inc.
5250 Georgia Highway 85
Forest Park, GA 30297
Toll-Free Phone: 1-800-282-9319
Fax: (404) 768-6018
Email: sales@apmengineparts.com**