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## **CREDIT CARD AUTHORIZATIOIN FORM**

CUSTOMER NAME: (as it appears on the car	d)		
CUSTOMER ADDRESS (card billing address only			
PHONE NUMBER:			
CARD TYPE	ACCOUNT NUMBER	EXPIRATION DATE	<u>V-CODE</u>
MASTER CARD			
VISA			
AMOUNT TO CHARG	Е:	INVOICE NUMBER: (if applicable)	
limited to: Parts, Freigh		mber listed above for charges in nce Charges, Credit Card Servic ume.	_
I certify that I am an au time an order is placed v		card accounts, and that all cards	are valid at the
With this for	m, please provide a copy of th	e front and back of your credit	card.
☐ Please check if you purchases.	authorize for your credit card	l information to be kept on file f	for future
☐ Please check if you	would not like for your credi	t card information to be kept on	ı file.
Signature:		Date:	