



Partsmart Corporation

3500 Corporate Way, Ste A, Duluth, Georgia 30096, USA

TEL. 770-263-1277, FAX 770-263-1278

Email: sales@partsmart-corp.com Website: www.partsmart-corp.com

Credit Card Authorization Form

Date: _____

I, _____, hereby authorize **Partsmart Corporation** to use the following **Credit Card** information to bill my credit card for the purchase of printer parts or related products at any time upon request.

- Cardholder's Full Name: _____
- Company Name: _____
- Telephone #: _____ Fax #: _____
- Cardholder's Credit Card Billing Address:

- Credit Card Type: Visa Master American Express
- Credit Card No.: _____ CVV2: _____
- Credit Card Expiration Date: _____
- **Issuing Bank Customer Service Phone #:** _____
(Printed on the back of the card)
- Cardholder's Signature: X _____
- Email: _____
(Shipping information will be sent to you via this email address.)
- Shipping Address: (if different from the above billing address)

Please complete the form and fax back to **1-770-263-1278**.