



511 Elbow Lane, Burlington, NJ 08016
Phone: 609-699-4900 Fax: 609-699-4917

www.partznetwork.com

CREDIT CARD AUTHORIZATION FORM

This form authorizes Partz Network to charge you/your company's credit card. Please complete and sign the form then fax to **(609) 699-4917** or email a scanned copy to diane.vollmer@partznetwork.com

Business Name: _____

Card Type: Visa____ MasterCard____ American Express____ Discover____

Card Number: _____

Expiration Date: ___/___/___ Security Code: _____

Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____

Fax Number: (____) _____ - _____

Email address: _____

Tax exempt: No / Yes (if tax exempt, please provide copy of certificate)

Shipping Address

Street: _____

City: _____ State: _____ Zip Code: _____

Card Holder Signature: _____

Printed Name: _____ Date: ___/___/___

Partz Salesperson initials _____