

M & K Used Auto Parts, Inc.  
3100 N. Sparkman Avenue  
Orange City, FL 32763  
Phone: 386-775-2200 Fax: 386-775-2200

Please print out this form, fill it out completely and fax it back to the number listed above. If this form is not legible or filled out completely, **YOUR ORDER WILL NOT BE PROCESSED!**

Date: \_\_\_\_\_ Salesman: Chris – Extension 3

Name as it appears on the credit card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Option #1: Residential – Add \$75.00 \_\_\_\_\_ Commercial \_\_\_\_\_

Option #2: Lift Gate – Add \$95.00 Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Shipping Address (if not same as billing):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**ALL INFORMATION FOR BILLING AND CREDIT CARD MUST MATCH.**

Parts Ordered: \_\_\_\_\_

Sub Total: \$ \_\_\_\_\_

S & H: \$ \_\_\_\_\_ - Non-Refundable

Option #1: \$ \_\_\_\_\_

Option #2: \$ \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_ - Florida Sales ONLY

Total: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

I, the above cardholder, hereby authorize M & K Used Auto Parts, Inc. to charge the order above to my credit card as indicated above. If we feel this transaction is not correct, we will void the transaction immediately.