



189 Dalton Ln, Pontotoc MS 38863

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karsms.com

INTER-OFFICE USE ONLY:

Inv # \_\_\_\_\_

Last 4 of CC: \_\_\_\_\_

Date: \_\_\_\_\_

### Credit Card Authorization

Please fill out ALL information and return via fax or email. PLEASE PRINT CLEARLY

#### Parts and Pricing

VIN (required) \_\_\_\_\_

Part(s) Ordered \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchase Amount \$ \_\_\_\_\_ Purchase Date \_\_\_\_\_

***\$2 EPA fee will be added to all invoices***

#### Shipping Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### Billing Information

Same as billing

Name on Card \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_

***By signing this form, you authorize KARS, LLC to charge your card for the amount listed above.***

Visa

MasterCard

Discover

American Express

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

For security purposes, credit card numbers are discarded after being charged.

**Thank you for your order! Have a great day!**