



189 Dalton Ln, Pontotoc MS 38863
800-550-6586
Local: 662-844-6586 | Fax: 662-844-4714
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!