

HENDERSON AUTO INC

Phone: 724-887-8700

FAX: 724-887-8712

Order form for credit card purchase: Visa * Mastercard * Discover

Please print clearly. Fax to above number. *Signature Required.*

I, _____ authorize Henderson Auto Inc to charge my credit card, as listed below, for the purchase of goods. Form must include EXACT NAME as appears on card and EXACT BILLING ADDRESS of card.

BUYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE NO. _____ FAX NO. _____

NAME ON CARD: (Please Print) _____

CARD NO: _____ CODE _____

(from back of card)

EXP MONTH _____ YEAR _____

CARD TYPE: (Check One) VISA _____ MASTERCARD _____ DISCOVER _____

AMOUNT AUTHORIZED PURCHASE: _____

SIGNATURE OF CARDHOLDER: _____

PART/S ORDERED _____

MAKE: _____ MODEL: _____ YEAR: _____

DATE ORDERED: _____

SHIPPING INFORMATION: (Check one) RESIDENTIAL _____ BUSINESS _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____