

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

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

Date: \_\_\_\_\_ Salesman: Billy

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:

Shipping Address (If not same as billing):

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

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

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

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

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

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

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

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

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

**ALL INFORMATION FOR BILLING & CREDIT CARD MUST MATCH**

Parts ordered:

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

Processing fee: \$ 5.00 \_\_\_\_\_

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

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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