

Fax: 905-857-9550

MASTERCARD/VISA AUTHORIZATION FORM

In order for us to accept your credit card phone order, we must have this form completed in full and submitted to this office for verification, along with a copy of the cardholder's driver's license. You are assured that all this information and your card number will be **kept absolutely confidential**. Thank you for your cooperation.

Upon signing this form, I give permission to North American Tractor & Excavator Parts Inc to charge all of my phone orders to the below card number(s). I understand and agree to the in-house return policy.

Business Name:		Phone	:()_	
Business Address: Street		City	Prov/State	Postal Code
Account Payable: Mr./Ms.:				
Cardholder's Name:	As printe	d on card		
Cardholder's Address: Street			Prov/State	Postal Code
(Cardholder's address must match address	ess given to the cr	edit card comp	oany)	
Card Account #:	CCV2	# (last 3 digits	on back of	card):
M/CVisa	Expirati	on Date		
Other persons authorized to place order	rs and use the abov	e card number	r:	
Will packages always be shipped to the If no, please list any shipping address y		ress listed abov	ve? Yes	No
Street	City	Prov/State	Postal Cod	le
Cardholder's Signature:		Date:		

^{**} Please note that all return items will be subject to a 15% restocking charge.