



LONG ISLAND CORVETTE SUPPLY, INC

1445 STRONG AVE S., COPIAGUE NY 11726 PH 631-225-3000
Fax: 1-800-466-5427 or Fax: 1-631-225-5030 EMAIL: mail@licorvette.com

If you are emailing this to us

Only write in last 4 of credit card

Sign, send copies as requested

And call us with complete#.

Credit Card Authorization Form (use this form If you want to ship to an address other than where your credit card is billed.)

Fax form + copies: Copy of a cardholder's driver's license and front and Back of credit card.

Cardholder's name: _____

We accept Visa, MasterCard, Discover (we don't take Amex)

Card #																			
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Expiration Date: ___/___/___ 3 digit Code on Back of Card _____

Issuing Bank name _____ bank phone # _____

Statement/Billing Address of Credit Card:

Name on Card : _____

Your Billing Address: _____

City, State, Zip: _____

Po Box ? _____

Cardholders Phone No. () _____

Your Phone No. () _____ Fax () _____

Email : _____

**Send copy of
Your Driver's license**
*(we want to see billing
address/you can cross out
license number ...*

and

**a copy of your
Credit Card**
(copy or take a digital photo)

**I hereby authorize Long Island Corvette Supply, Inc.
to charge my above credit card and ship to this address.
(Place an "X" in the box(es) that apply)**
 present and future orders or 1x only

All invoices are SHIPPED with the order
You are responsible for retrieving all
paperwork from the location to which you
ship, and retain invoice for any returns .

X > **Signature of Cardholder:** _____

Option: I authorize third party (Name) _____
to place orders on my behalf to be charged and shipped to address below

X > **Signature of Cardholder:** _____

Ship to Address: c/o name _____

company name : _____

Address: _____

City, State, Zip: _____

phone # _____ att: _____

this is my work address this is shop doing work on my car other _____

Sales Tax Collected
on all orders
shipping to NY Address.

Fill out the form once, use the same information (card#/address) and you are all set. If you order online or fax,
enter your name **C/O** the shipping address in the address box and if you need to enter any notes there is a note field on
the checkout screen. Thank you. . **This form is for your protection to prevent fraudulent charges.**

All information is kept confidential and billing address will be verified with your Bank.

If you do not wish to fill out form, ship to your billing address . Note all orders ship via UPS (no PO Boxes)

If you do not wish to send copies of your license or card > fill out above and call bank > add ship to address to your
bank record- > sign here _____ and fax to 1-800-466-5427/or fax 631-225-5030

This form will remain in effect through expiration date or until you notify us to revoke it. (revised July 2015)

>While we will do our best to ship to the requested address, from time to time mistakes happen and order may ship to your billing
address, our system is not automated to handle multiple addresses.