



# LONG ISLAND CORVETTE SUPPLY, INC

1445 STRONG AVE S., COPIAGUE NY 11726 PH 631-225-3000  
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  
don't email card.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 # |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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 any other info.

**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 invoices for any returns.

Sales Tax is collected on all shipments to:  
NY,NJ,IL,MI,PA,VA

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, NJ, IL, MI, You may  
owe use tax to other  
states even though tax was  
not collected.  
PA & WA tax reported.

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)**

**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.