

Dealer Credit Cards Authorization Form (Visa / DiscoverCard / M/C / Amex)

Name / Address

Title: First Name: Last Name:

Name of Business:

Address:

City: Province: Postal Code:

Phone: Fax: Email:

Legal form under which business operates: Corporation Partnership Proprietorship

Visa / Discover Card / MasterCard / American Express

Name on the card:

Type of Card: Visa Discover Card Master card Amex

Credit card Number:

Expiry Date: CVC:

Credit card Address:

DISCLAIMER:

I HEREBY myself & my company, Authorize Nolimit Auto Parts Distributor Ltd to accept orders from our business, charge the cost of this/ these Orders to my credit card account noted above and to ship the merchandise as requested. By signing this document, I/we accept all responsibility for these transactions to ensure full payment to the merchant. We will inform you immediately if the use of this credit card is no longer valid.

Date: _____ Signature: _____

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