



CREDIT CARD AUTHORIZATION FORM

Customer Name: _____

Billing Address: _____

City: _____ State _____ Country _____ Zip Code _____

Phone Number _____ Fax _____

Circle Credit Card Type: AMERICAN EXPRESS VISA MASTERCARD

Credit Card Number: _____

Card Holder Name: _____

Expiration Date: _____ Security Code/CVV (last 3 #s on back of card or 4#s on front of AMEX): _____

My signature below authorizes Long Island Heavy Equipment Parts, Inc. to charge my credit card in the

amount of: \$ _____

Signature: _____ Date: _____

*Attach copy of credit card and photo ID along with this form.

**Without these documents, we won't be able to process your purchase order and payment. Thank you.

New York Headquarters:

1581 Route 112 – Unit B, Port Jefferson, NY 11776

Phone: 631-468-8851

Fax: 631-569-2446

Email: parts@liheavy.com