



495 Lake Mirror Road
Building 800G
Atlanta, GA 30349
USA
Phone: (404) 768-9090
Fax: (404) 768-9006
www.heliparts.com

CREDIT CARD AUTHORIZATION FORM

Date: _____

Precision Heliparts Invoice or Reference # _____

Company Name _____

Company Telephone# _____

Company Fax# _____

Purchase Order# _____

Credit Card# _____

Expiration & Issue _____
(ie; VISA / MasterCard / American Express)

Cardholder Signature _____

I, _____ (print your name) hereby authorize Precision Heliparts, Inc. to charge their services against my credit card account listed above. I understand that if this is an exchange order, and I do not return a suitable core within 30 days, my credit card will be billed the agreed upon core charge.

Cardholder Name _____

Cardholder Address _____

Cardholder Phone# _____

*** PLEASE FAX FORM TO (404) 768-9006 ***

Worldwide Support
