

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

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.

Fax:1-800-466-5427 or fax:1-631-225-5030

Cardholder's name: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover

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

Bank customer Service Phone # and Bank Name : _____

Statement/Billing Address of Credit Card:

Company Name : _____

Billing Address: _____

City, State, Zip: _____

Po Box ? _____

Cardholders Phone No. () _____

Your Phone No. () _____ Fax () _____

Email : _____

**Send copy of
Your Driver's
license and
a copy of your
Credit Card**

**I hereby authorize Long Island Corvette Supply, Inc.
to charge my above credit card +
(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 .

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 _____

Fill out the form once, use the same information 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 against your card.

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

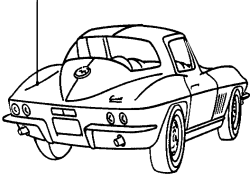
If you do not wish to fill out form, ship to your billing address . Note all orders ship via UPS (no PO Boxes)

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 April 2012)

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TOLL FREE ORDERS 1-800-466-6367 www.licorvette.com

Use the toll free fax line 800-466-lics (1-800-466-5427)

If you wish to ship to an “alternate address” we need you to :



Option 1- Call your credit card company and have them list a second “ship to” address in their records
+ SIGN APPROPRIATE SECTION ON FORM AND RETURN IT TO US. BY FAX.

Most companies are able to do this, some can not. (If yours does not see below)
Your credit card company’s phone # is usually on the back of the card.)

OR

Option 2 Fill out form, and send a copy of your credit card and a copy of the statement, showing the billing address

or fill out form and send a copy of your credit card plus send a legible copy of your driver’s license showing the billing address, (make a copy first, if we can’t read it, you will have to do one of the other options)

We have had a few problems in the past and need to protect you the cardholder as well as ourselves, from fraudulent charges and chargebacks.

Visa, Mastercard and Discover all require us to ship to your billing address,

We will make this exception when you supply the requested information in writing via this form.

Please do not call us up and argue about this policy, it is not up to us, it is up to our credit card processor and your bank. We are making an exception by letting you fill out the form and allowing you to ship to this alternate address.

Thank you. 😊

If you are shipping to your actual billing address – you don’t need this form

If you don’t know the billing address, call phone # on back of your card and ask the bank.