

**QRP- NY**  
**23 Mertes Lane**  
**New Windsor, NY 12553**  
**845-522-8206**  
**FAX# 845-522-8224**  
**Email: sales@qrp-ny.com**

Card Type \_\_\_\_\_ Verification Code \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Phone Number \_\_\_\_\_

**I, The Undersigned, Give Permission And Authorization to:**

**Quality Recycled Parts**  
**23 Mertes Lane**  
**New Windsor, NY 12553**

**To make the following charges on my credit card account listed below. Please send me a copy of your credit card and your driver's license along with this credit authorization.**

**Billing Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description Of Parts \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Driver's License No: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**ALL SHIPMENTS MUST BE DELIVERED TO BILLING ADDRESS**