

HERE'S MY ORDER...

BILL TO:

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____

SHIP TO:

If different from address below. Note: We cannot deliver to a P.O. Box.

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____

PLEASE To provide you with better customer service, include the following information:

Your Day Phone Number: (____) _____
 Your Night Phone Number: (____) _____
 Your Fax Number: (____) _____
 Your E-mail Address: _____

METHOD OF PAYMENT:



Check Enclosed Money Order

Please make checks payable to AutoPartsWay

Account Number—please include all digits.
 | | | | | | | | | | | | | | | | | | | | | |

Month | | Year | |
 | | | |

Expiration Date Print name exactly as it appears on the credit card.

Signature _____

ALL PRICES AND OFFERS SUBJECT TO CHANGE.

HOW TO ORDER

BY PHONE: Call us at (646) 862-2324 and one of our representatives will be happy to help you.

BY MAIL: Complete the order form below and mail to:
 AutoPartsWay, 545 8th Avenue Suite 401, New York, NY 10018

PAYMENT: VISA, MasterCard, American Express, Discover Card, personal checks and money orders.
 We **DO NOT CHARGE YOUR ACCOUNT** until we have **SHIPPED**
 your order! Most personal and some company checks may be held up to 10 business days.



ITEMS ORDERED:

Please complete each section or your order may be delayed.

Qty.	Item No.	Description	Year / Make / Model	Amount U.S. Dollars

**Ask For Same Day Shipment On
 Any Order For In Stock Items
 Placed Before 9:30pm (EST)**
 Visit Our Website At:
WWW.AUTOPARTSWAY.COM

Shipping & Handling	Call or visit our web site
Sub Total	
NY Residents Add Applicable Sales Tax	
TOTAL	

ORDER FORM

If ordering more items, please add them to the back of this page.