# 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:

☐ MasterCard ☐ VISA ☐ DISCOVER NOVUS ☐ AMERICAN EXPRESS Cards

☐ 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, 131 W 35TH STR FL 8, NEW YORK, NY 10001

**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.

AUTOPARTSWAY
THE WAY TO BUY AUTO PARTS

## ITEMS ORDERED: *Please complete each section or your order may be delayed.*

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