



Parts Distributors of America, LLC 14500 Beach Boulevard Jacksonville, FL 32250
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PARTS ORDER FAX FORM

FAX TO: 904-212-0354

BILL TO:

SHIP TO:

NAME _____
ADDRESS _____
CITY, ST, ZIP _____
PHONE _____
FAX _____
EMAIL _____

NAME _____
ADDRESS _____
CITY, ST, ZIP _____
PO # _____
DATE _____

QUANTITY	PART NO.	REFERENCE NUMBER OR SPECIAL INSTRUCTIONS

PAYMENT METHOD AND AUTHORIZATION *Please print all information requested below.*

OPEN Account: YES NO PARTS DISTRIBUTORS OF AMERICA ACCOUNT NO: _____

CREDIT CARD NO. _____ EXP: _____ / _____

NAME AS IT APPEARS ON CREDIT CARD: _____ SECURITY CODE: _____

CREDIT CARD BILLING ADDRESS: _____

AUTHORIZED BY: _____ DATE: _____

KEEP MY CREDIT CARD INFORMATION ON FILE FOR FUTURE PURCHASES. (IF CHECKED, ABOVE CC INFORMATION WILL BE STORED AND ENCRYPTED. IF NOT CHECKED, ABOVE CC INFORMATION WILL BE UTILIZED FOR THIS ORDER ONLY AND THEN DESTROYED.)

