



Instructions:

1. Fill in the blanks, including the signature line.
2. **Along with this completed form, also return a scan (or photocopy) of the signed credit card – front and back.**
3. **Also return a scan (or photocopy) of a signed ID matching the name on the credit card.**
4. Send the requested info via email to [truckparts@detroitdieselmiami.com](mailto:truckparts@detroitdieselmiami.com) or via fax to 305.575.2834.

I, \_\_\_\_\_ authorize, IESC – DIESEL to charge my credit card in the amount of \$ \_\_\_\_\_.

Signature of authorized account holder as named on card: \_\_\_\_\_

Card Type:      VISA                                      MASTER CARD                                      AMEX

Card Number : \_\_\_\_\_

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

Security Code : \_\_\_\_\_

Billing Address:

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of issuing Bank: \_\_\_\_\_

Phone # of issuing Bank: \_\_\_\_\_

Incomplete forms will not be processed.

