

CREDIT / DEBIT CARD ORDER FORM & PURCHASE AGREEMENT

This invoice is to pay \$____.____ for _____ (quantity) for
item(s) _____.

PLEASE PRINT CLEARLY IN BLACK INK AND SIGN BY HAND

BILLING ADDRESS & INFORMATION

NAME ON CARD

BILLING ADDRESS

CITY

STATE ZIP CODE

CARD NUMBER

EXPIRATION DATE

CVC/CVC2 CARD CODE (as shown below)



PHONE

E-MAIL

SHIPPING ADDRESS & INFORMATION

____check here if same as billing address

NAME

SHIPPING ADDRESS

CITY

STATE ZIP CODE

X _____
SIGNATURE **date**

AGREEMENT: I hereby agree to pay the above amount according to the card issuer or merchant agreement as applicable; hereby authorize the above listed credit or debit card payment to "William E. Miller"; agree to the terms, conditions, and warranty terms (or lack thereof) as shown above and on the repair Web site; acknowledge my receipt of and my satisfaction with the item(s) and/or service(s) listed above; and further agree that initiating a chargeback or refund claim is not an appropriate or acceptable remedy for a warranty claim, part backorder delay, or other issue under this agreement and additional charges for which I will be liable may result.

INSTRUCTIONS: PLEASE PRINT CLEARLY USING **BLACK INK** WHEN FILLING OUT THIS FORM. SIGN AND DATE THE FORM AND EITHER (1) FAX IT TOLL-FREE (IN "DETAIL", "SUPER FINE" OR OTHER HIGH-QUALITY MODE) TO 866-481-2802, (2) SCAN FORM AT 200-300 D.P.I. AND E-MAIL IT TO "PUISTA@GMAIL.COM", OR MAIL IT TO: "WILLIAM E. MILLER, 110 GROCE RD., LAFAYETTE, GA 30728".

Thank you for letting us help you.