



# LONG ISLAND CORVETTE SUPPLY, INC

1445 STRONG AVE S., COPIAGUE NY 11726 631-225-3000

fax:1-800-466-5427 or fax:1-631-225-5030

## > DROP SHIP AUTHORIZATION FORM FOR RETAIL CUSTOMERS <

Cardholder's name: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover

Card #																			
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Expiration Date: \_\_\_/\_\_\_/\_\_\_ 3 digit Code on Back of Card \_\_\_\_\_

Bank customer Service Phone # and Bank Name : \_\_\_\_\_

### Statement/Billing Address of Credit Card:

Company Name : \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Po Box ? \_\_\_\_\_

Cardholders Phone No. ( ) \_\_\_\_\_

Your Phone No. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email : \_\_\_\_\_

**Send copy of  
Your Driver's  
license and  
a copy of your  
Credit Card**

I hereby authorize Long Island Corvette Supply, Inc. to charge my above credit card +  
(Place an "X" in the box(es) that apply)  
 present and future orders or  1x only

Option:  I authorize third party (name) \_\_\_\_\_  
to place orders on my behalf to be charged and shipped to address below

X > **Signature of Cardholder:** \_\_\_\_\_

**Ship to Address:** c/o name \_\_\_\_\_

company name : \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

phone # \_\_\_\_\_ att: \_\_\_\_\_

this is my work address  this is shop doing work on my car  other \_\_\_\_\_

Fill out the form once, use the same information and you are all set. If you order online or fax,  
enter your name **C/O** the shipping address in the address box and if you need to enter any notes there is a note field on  
the checkout screen. Thank you.

**. This form is for your protection to prevent fraudulent charges against your card.**

All information is kept confidential and billing address will be verified with your Bank

**If you do not wish to fill out form, ship to your billing address . Note all orders ship via UPS (no PO Boxes)**

If you do not wish to send copies of your license or card > fill out above and call bank > add ship to address to your  
bank record- > sign here \_\_\_\_\_ and fax to 1-800-466-5427/or fax 631-225-5030

This form will remain in effect through expiration date or until you notify us to revoke it.

(revised June 2009)