



## Credit Card Order For Replacement Parts

Comp	any Name:				
Comp	any Shipping Address:				
City /	State:			<del></del>	
Zip Co	ode:				
Tel.: (					
Email:	·		Invoices Will Be Sent By	y Email If Provided.	
Туре	of Credit Card:Visa	MasterCard			
Card	Number:				
Expir	y Date:/(	(mm/yy)			
3 Digi	t code:				
Name	on Card:				
Comp	any Name On Card (If App	plicable):			
Duefe	wad Chimpina, (Dlace C	coloret One)			
	rred Shipping: (Please S Regular Ground: <u>Lease expe</u> (Parts orders typically ship sar network, depending on how fa	ensive shipping option, some day or the next day,	slowest shipment. , then add 1-3 business days for UP	'S Ground shipping	
	<b>2<sup>nd</sup> Day:</b> More expensive than (Depending on time of day that business days to delivery.)		will either ship same day or the follo	owing day, then add 2	
	<b>Next Day:</b> Most/extremely expensive.  Price will increase for larger heavier orders. Depending on the time of day the order is received, parts will either ship same day or the following day for delivery the day after.				
	Collect: Shipping on your account. By filling out the following information you agree that any related shipping, are your responsibility and cannot be disputed with Quatro Air after the fact.				
	Carrier/Courrier Name:	Acc #:			
	Requested Service Type: (Gro	ound, 2 Day, Overnight,	. Etc.)		







Items Ordering:	
Qty: Part Number:	
Special Instructions:	

Please return this form, when completed, to <a href="mailto:sales@quatroair.com">sales@quatroair.com</a>

