

MILLERS True Value / Go Karts R us 115 N. Exchange St. Geneva, NY 14456

*This Form must be Faxed or Mailed **FAX: 315.789.6963***

Step 1: (PRINT CLEARLY Your Credit Card Billing Info)

Name on Card: _____

Credit Card Number: _____ Exp: _____ Security CVV2: _____

Credit Card Type: (circle one) Visa | Master Card | Discover | Am/Ex | Debit Card w/ Visa or M/C logo

Credit Card Billing Address: _____

City: _____ State/Prov: _____ Zip: _____

Phone# (associated w/ Card): _____ (other optional): _____

Cardholders **Signature**: _____ Date: _____

(By signing you are authorizing us to ship to the below address billed to your above Credit Card)

Step 2: (PRINT CLEARLY Your Ship-to Info)

Delivery Persons Name: _____

Delivery Persons Address: _____ (PO Box for approved shipments)

Delivery Persons City: _____ State/Prov: _____ Zip: _____

Delivery Persons Phone#: _____ (other optional): _____

Step 3: (Hardcopy)

<p>Place your..</p> <p>Credit Card</p> <p>HERE</p>	<p>Place your..</p> <p>Drivers License</p> <p>HERE</p>
--	--

Copy this form with your Credit Card & Driver License in above areas, then send completed form to above address or fax