



**AUTO RECYCLERS OF KANSAS**  
**1200 E. MACCARTHUR RD.**  
**WICHITA KS 67216**  
**Fax: 316.522.5051 Phone: 316.522.4963**

**To Order a Part or for Inquiries Fill out the Form Below and Fax Back to this Office**

**Salesman:** \_\_\_\_\_

**Part(s) Ordered:** \_\_\_\_\_

**Please check one:**  **Discover**       **MasterCharge**       **Visa**

**Credit Card Number:** \_\_\_\_\_

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

**CVV # (Back of Card):** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_  
Street

City State Zip

**Phone:** \_\_\_\_\_

**Purchaser's Drivers License/ State of Issuance:** \_\_\_\_\_

**Tax ID Number (if applicable)** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_  
Street

City State Zip

*I (we) \_\_\_\_\_ authorize Auto Recyclers of Kansas to charge our credit card  
for the amount of \$ \_\_\_\_\_ .*

\_\_\_\_\_  
Signature Print Name

**Fax form back to 316-522-5051**