



MID-ATLANTIC PARTS

858 Sussex Blvd Broomall, PA 19008

Tel: 800-304-0153 Fax: 800-824-9884 Accounting: 800-304-0153 Accounting Fax: 866-294-2971

OrderDesk@mid-atlanticparts.net

www.mid-atlanticparts.com

Accounting@mid-atlanticparts.net

Service Agency Credit Card Charge/Change Account Form

Type or print clearly. Pennsylvania Sales Tax Exemption Certificate must be included with this form.

Please FAX all signed and completed documents to Customer Service at 1-866-294-2971.

Company: _____ MAPD Acct#: _____

Bill to Address: _____ Apt/Ste#: _____

City/State: _____ Zip Code: _____

Ship to Address: _____ Apt/Ste#: _____

City/State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Purchasing E-mail address: _____

Contact for purchases: _____ PH: _____

Accts Payable E-mail address: _____

Contact for payments: _____ PH: _____

Sales Tax Status (circle one): **Exempt or Not Exempt** *If exempt, attach Pennsylvania Sales Tax Exemption Certificate.

Owner/Principal: _____ Title/function: _____

Credit Card Holder's Signature: _____

With my signature, I give Mid-Atlantic Parts Distributor the authority to charge the noted credit card or the credit card provided at point of sale for the purchase, tax and shipping of Sub-Zero, Wolf, ASKO, Scotsman Consumer Products and Vulcan Lok-Ring Factory Certified Replacement Parts.

Visa/MC Card #: _____

Security Code (CVC): _____ Exp Date: _____

Name on the credit card (print): _____

Credit card billing address: _____

Credit card billing address line 2 (Apt/Ste#): _____

City _____ State: _____ Zip: _____

NOTE: In order to process, CC billing address must match your CC statement "Bill to" address exactly.