



**Auto Recyclers of Kansas**  
**1200 E. Macarthur Rd. Wichita, KS 67216**  
**Phone: 316-522-4963 Fax: 316-522-5051**

**To order a part or for inquiries fill out the form below and fax back to this office**

Salesperson: \_\_\_\_\_

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

Please check one:  Discover  Mastercard  Visa  Pay Pal

Send pay pal payment to [accounting@arofkansas.com](mailto:accounting@arofkansas.com) make sure to include quote number, shipping address, and phone number.

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

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

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

Credit Card Billing Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

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

Purchasers Drivers License/ State of Issuance: \_\_\_\_\_

Tax ID Number (*If applicable*): \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Street

\_\_\_\_\_

City

State

Zip

I, \_\_\_\_\_ authorize Auto Recyclers of Kansas to charge my credit card above in the amount of \$\_\_\_\_\_ for agreed upon purchases, I understand that shipping charges are not refundable, and if any information is incorrect I am responsible for any extra shipping charges incurred. I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.

[WWW.AROFKANSAS.COM](http://WWW.AROFKANSAS.COM)