Auto Recyclers of Kansas
1200 E. MacArthur Rd. Wichita, KS 67216
Phone: 316-522-4961 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 make sure to include quote number, shipping address, and phone number.

Credit Card Number: _____
(MUST ATTACH PICTURE OF FRONT AND BACK OF CARD)
Expiration Date: _____
CVV # *(Back of Card)*: _____
Credit Card Billing Address:_____
Street

_____
City State Zip

Phone:_____Email:_____
Purchasers Drivers License **(Attach picture of cardholder license)**:_____
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.

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