

I, _____, give permission to PPNS LLC | Pius Parts to charge
Buyer name **Business name**

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

_____ **Amount authorized**

_____ **Cardholder email**

_____ **Product/service**

Amount does not include 3.9% Credit Card Fee and Shipping

All fields required

Card information

Card type

- MasterCard
 Discover
 VISA
 AMEX

Other _____

_____ **Cardholder** (Name on card)

_____ **Card number**

_____ **Expiration date**
(MM/YYYY)

_____ **Billing Zip**

_____ **CCV Code**

Fill out below if Recurring Payment is chosen

Recurring payments information

Charge every:

Week Month Quarter Other _____

Charge on this date _____

(For example, the 1st of every month)

_____ **Payment amount**

_____ **Product/service sold**

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to:

To cancel, contact: _____
(Name and email)

_____ **Customer signature**

_____ **Date**