



BALISE WHOLESALE PARTS
1441 Main Street | Suite 300 | Springfield, MA 01103
Phone : (800) 224-1266 | Fax : (413) 733-8617
wparts@baliseauto.com

Company Name (if applicable): _____

Credit Card Number: _____

Please check applicable box: AMEX VISA Mastercard Discover

Expiration Date: ___/___/___ Code on Front or Back of Card: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: () _____

I _____, hereby authorize Balise Motor Sales Company to charge the amount of \$_____ against the credit card listed above for services rendered on a repair order and/ or parts purchased from our dealerships.

Card Holder Signature: _____
**Must be physical Signature

Card Holder Name (print): _____

Date: _____

Please email or fax completed form back to:

Charlie Weaver
(413) 733-8617
cweaver@baliseauto.com