



100 Dover Street | Somerville, MA 02144

I, _____, authorize Ideal Engine Rebuilders Inc. to charge my credit card in the amount of \$_____ for sales rendered.

Credit Card # _____

Card Type _____

Expiration Date _____

3 Digit Security Code _____

Zip Code _____

Street Address _____

Authorized Card Holder Signature _____

Printed Card Holder Name _____

Date _____

Please Fax Back to (617) 718-1843