

Alternate Shipping Address Form

Salesperson's Name _____ Customer account number _____

Mustangs Unlimited

Connecticut: 860-647-1965 fax 860-649-1260 Georgia: 770-446-1965 fax 770-446-3055

Customer billing address (As it appears on your credit card statement)

Alternate shipping address: (package being shipped to)

Your Name: _____ Company name: _____

Street Address: _____ Street Address: _____

City: _____ State: _____ Zip code: _____ City: _____ State: _____ Zip code: _____

Home phone: () _____ Day time phone: () _____ Business Phone: () _____ fax () _____

Our credit card policy requires us to ship to the billing address for first time orders. This is to protect our customers against unauthorized charges to their credit cards. This form will allow you to ship to an alternate shipping address if you supply us with the proof of identity and written permission. After this form is filled out and copied, simply fax it back to the location that you are placing your order with. The information you are providing to us is only for our secure records and in no way do we share or sell this confidential information.

**PLACE DRIVERS
LICENSE HERE
PHOTO UP**

**PLACE FRONT OF
CREDIT
CARD HERE**

**PLACE BACK OF
CREDIT
CARD HERE**

Please place your driver's license and your credit card in the areas provided above. Then make a copy and fax the copy to the location that you are placing the order with. **WE MUST HAVE A COPY OF YOUR DRIVER'S LICENSE AND CREDIT CARD TO PROCESS YOUR REQUEST.** I authorize Mustangs Unlimited to charge my credit card and ship my order to the shipping address shown above.

Credit card number _____ Expiration date: _____ Security Code (on back of card): _____

Card type: (circle one) **VISA MASTER CARD DISCOVER AMEX**

Customer Signature: _____ Date: _____