

Quality Used Auto Parts

199 Roberts Rd.
PO Box 1028
Fayetteville, GA 30214
770-461-8600 Fax 770-461-8868
quap24@aol.com

CREDIT CARD AUTHORIZATION

A photo copy of the credit card and the credit card owners drivers license must accompany this form. Please complete this form and fax back to 770-461-8868.

I, _____, authorize Quality Used Auto Parts to charge my credit card in the amount of \$_____, so that I may purchase a/an

My vehicles VIN # _____ Prod date _____

The billing address for the credit card being used is

Ship to address (if same as billing address, enter same)

Company's sales tax number, if applicable _____

My telephone number is _____

My credit card number is _____, exp date ____ / ____ Security code
(last 3 digits on back of card) _____ (#'s are on front of Amex)

Drivers license number of the person named on the credit card _____
issued in the state of _____ And expires on ____ / ____.

I understand that my signature on this agreement is binding. If, for any reason, I refuse this shipment, the freight charges will be charged to my credit card. All parts returned are also subject to a 25% restocking fee. If there are any problems with this order I will contact my salesperson, or another representative of Quality Used Auto Parts, and make arrangements for having the part(s) returned. **SHIPPING/FREIGHT CHARGES WILL NOT BE CREDITED ON RETURN ITEMS.**

Please allow _____ to sign for and pick up the part on my behalf.

Authorized signature _____ Date _____