



creditcard_fillable_form_12-2016.pdf35 Fall Mountain Road, Terryville, CT 06786

Phone 860-589-0942

Instructions to purchase from Terryville Auto Parts, Inc.

- Completely fill out ALL sections (1 thru 3) and remember to PRINT CLEARLY!
• Return this form via email to parts@terryvilleauto.com or fax (860) 584-4601 along with a copy of your driver's license and credit card (to confirm cardholder's I.D.) and select the salesperson's name below (to speed up your order).

I was speaking with:

Section 1: Your Vehicle's information and parts request

Year: _____ Make _____ Model _____

VIN # _____

Parts Needed _____

Section 2: Credit Card Billing Information (Credit Card Orders are shipped to billing address)

Name _____ Phone _____

Address _____ Cell Phone _____

City, State, Zip _____ Email _____

(Used to send tracking info)

CREDIT CARD INFORMATION:
Driver's License # _____
Credit Card Type _____
Card # _____
Expiration Date _____ CVC/Sec Code _____

Parts Total \$ _____

Shipping \$ _____

CT Sales Tax \$ _____

TOTAL AMOUNT \$ _____

We accept: Mastercard, Visa & Discover ONLY

CT Residents pay 6.35% tax.
Shipping Insurance is available upon request.

I, the undersigned give permission and authorize Terryville Auto Parts, Inc to make the following charges on my credit card account.

Card Holder's Signature _____

Today's Date _____

Print Name _____

ALL SHIPPING & INSURANCE CHARGES ARE NOT REFUNDABLE