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AUTHORIZATION TO CHARGE CREDIT CARD ACCOUNT

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

PLEASE PRINT CLEARLY and Fax or Email a copy of your driver's license, credit card and authorization form to (860) 584-4601 or email to parts@terryvilleauto.com

Attention:

BILLING ADDRESS:

Name _____ Email: _____

Address _____ Phone (____) _____

City, State, Zip _____

Description of Vehicle:

Year _____ Make _____ Model _____

VIN# _____

Parts Needed: _____

CREDIT CARD INFORMATION:
Drivers License # _____
Card Type (Circle One): Visa MC Discover
Account # _____
Expiration Date: ____/____
3 Digit Security Code (Back of Card) _____

Parts Total \$ _____

Shipping \$ _____

* Insurance \$ _____

TOTAL AMOUNT \$ _____

SHIPPING ADDRESS AND PHONE NUMBER:

(____) _____

Signature _____

Today's Date _____

*Customer Signature required if they do not wish to purchase Insurance at this time.

Customer Signature

ALL SHIPPING & INSURANCE CHARGES ARE NOT REFUNDABLE