



**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 ([parts@terryvilleauto.com](mailto:parts@terryvilleauto.com)) or fax (860-584-4601) along with a copy of your driver's license and credit card (to confirm cardholders ID) and select the salespersons 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 (Order will ship here if section 3 is left blank)**

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

(Used for send Fed Ex tracking information)

City, State, Zip \_\_\_\_\_

Parts Total \$ \_\_\_\_\_

Shipping \$ \_\_\_\_\_

CT Sales Tax \$ \_\_\_\_\_

**TOTAL AMOUNT \$** \_\_\_\_\_

CT residents pay 6.35% tax. Shipping insurance is available upon request.

**CREDIT CARD INFORMATION:**

Driver's License # \_\_\_\_\_

Card Type \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CVC/Security Code: \_\_\_\_\_

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 \_\_\_\_\_

**ALL SHIPPING & INSURANCE CHARGES ARE NOT REFUNDABLE**

**Section 3: Shipping Information (Leave blank if same as billing info)**

To: \_\_\_\_\_

Attn: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_