

Brothers' Auto Parts
10339 Willis Rd.
Willis, MI 48191
(734) 461-9000 Fax:(734) 468-2420

One Time Credit Card Payment Authorization Form

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Brothers' Auto Parts** to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

Part Description: _____ **Part/Stock#:** _____

Tax: _____ **Delivery/Shipping:** _____ **Core:** _____

Total: _____

(Phone #)

Billing Address _____ shipping -----

City, State, Zip _____ address _____

Tax ID _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name	_____	
Account Number	_____	
Expiration Date	_____	ZIP _____
CVV2 (3 digit number on back of Visa/MC)	_____	

NOTE: 30% restocking fee and cost of shipping are non-refundable for returned items. **\$100 charge applied to shipping cost if lift gate is not requested at time of order and is used at delivery.** Please make sure the parts needed match the parts ordered. Parts are to be returned in same condition as purchased. **Any major mechanical job's MUST be done by a Certified Mechanic or the warranty WILL be voided.**

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.