



Please print clearly, and return to Fax# 512-385-3719

3212 East Ceasar Chavez
Austin, Texas 78702
512-385-3461

DATE: _____

SALES REP : _____

CREDIT CARD SALES SLIP/AUTHORIZATION

(CIRCLE ONE)

M/C VISA DISCOVER AMEX Credit Card # _____

CARDHOLDERS NAME: _____

EXPIRATION DATE OF CREDIT CARD: ____/____/____ CVV2/CID# _____
MONTH YEAR

CARDHOLDERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____ - _____ TAX I.D. # _____

SHIPPING INFO:

SHIP TO NAME: _____ Attn: PO/RO# _____

SHIP TO ADDRESS: _____ Business or Residence?

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVERS LICENCE# _____ State: _____ D.O.B. _____

PARTS REQUESTED: _____

Description of Charges: Payment for automobile parts _____

Subtotal _____ Freight _____ Total _____

I hereby authorize Browning Auto Parts, Inc., to apply the total amount shown above to the above referenced credit card account.

Please Print Your Name

X _____
Please Sign Your Name

By my signature, I authorize the user of the card identified on this item to pay the amount shown as total upon proper presentation. I agree to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. I agree to hold harmless, Browning Auto Parts, Inc., from any and all liability arising out of this authorization, including consequential damages.