



CREDIT CARD AUTHORIZATION FORM

(Please fill out completely, sign, and fax back to 1-813-635-0187)

I, _____ authorize Davidson Used Auto Parts to charge my credit card as described below. I guarantee full payment of the total amount agreed.

A **7%** sales tax will be added to the charge if applicable, unless a sales tax exemption certificate is supplied. I understand that this order is placed via a telephone, or Davidson's website and my signature on the agreement is binding. I understand that if for any reason I refuse this shipment, the freight charges will be charged to my credit card. I understand the warranty on this purchase is only stated on Davidson's invoice which supersedes any and all card issuer warranties.

Amount charged: \$ _____

Description of the part: _____

Driver's License Number: _____

Name as Appears on credit card: _____

Billing Address: _____

VISA MASTER CARD DISCOVER AMEX

Card number: _____

Expiration date: _____ / _____ (month/year)

Verification Code: _____ (3 digits for Visa, MC, Discover and 4 digits for Amex)

Signature of Cardholder: _____

Shipping Address: (If different from Billing Address)

