

**Notice: Save to a hard drive prior to filling out form**



**ALL PRO USED AUTO PARTS**  
PO BOX 1942  
1425 OLD DIXIE HWY  
AUBURNDALE, FL 33823

**CONTACT:**

*Jim Prevatte*  
*jimprevatte@gmail.com*

**1-800-551-8557 EXT 235**  
**1-863-510-0111 EXT 235**  
**1-863-666-8159 ( FAX)**

## **CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_ authorize All Pro Used Auto Parts to charge my credit card as described below. I guarantee full payment of the payment as 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 All Pro'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 All Pro's invoice, which supersedes any and all card issuer warranties.

**AMOUNT CHARGED :** \$ \_\_\_\_\_

**DESCRIPTION OF PART :** \_\_\_\_\_

**NAME AS APPEARS ON CREDIT CARD :** \_\_\_\_\_

**CREDIT CARD TYPE:** VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ DISCOVER \_\_\_\_\_

**CARD NUMBER :** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EXPIRATION DATE :** \_\_\_\_\_ / \_\_\_\_\_ ( month/year )

**V CODE :** \_\_\_\_\_ (last 3 digits behind the card )

**SIGNATURE OF AUTHORIZED USER :** \_\_\_\_\_

**BILLING ADDRESS OF CARD HOLDER :** \_\_\_\_\_

\_\_\_\_\_

**PHONE :** \_\_\_\_\_ **CELL PHONE :** \_\_\_\_\_

**SPECIAL INSTRUCTIONS :**

\_\_\_\_\_  
**(DELIVERY ADDRESS: BUSINESS NAME, CONTACT PERSON W/ PHONE #)**

**Please Initial Here if Delivery Address is different than Billing:** \_\_\_\_\_