

CREDIT CARD AUTHORIZATION FORM
FAX TO (512) 326-2400

I, _____ Authorize Austin Express Auto Parts located at 5001 South Congress Ave., Austin, TX. 78745 To Charge My Credit Card Account in the Amount OF \$_____.

Card # _____ - _____ - _____ - _____

Expiration Date: _____

This Amount includes the shipping charges, all parts ordered and that are sent are interchangeable with what I have requested. There is no warranty on electrical parts and cannot be returned, all other parts are warranted by the terms of the invoice no money back guarantee is implied, all orders are final and not returnable for a refund. Warranties are done by replacement only. By signing I verify that I am the Authorized user of this Credit Card.

Card Info

Name on Card: _____

Signature: _____

Billing Address: _____

City: _____

State & Zip: _____

Shipping Information

Name of Business: _____

Phone # (____) _____

Address: _____

City: _____

State & Zip: _____

Parts Being Ordered

Part Description: _____

Make: _____

Model: _____

Year: _____

If Applies: Left _____ Right _____

Extra Info: _____

Part & Interchange #: _____ - _____

