



Date: _____ (CREDIT CARD AUTHORIZATION) Salesman: _____

I, (PRINT CUSTOMERS NAME) _____

Authorize Big Leroy's Auto Parts to Charge

\$ _____ . _____ (To my credit card with shipping included)***

Discover _____ MasterCard _____ Visa _____ (No AMEX)

Card # _____ - _____ - _____ - _____ Expiration Date _____ / _____ CVC # _____

CREDIT CARD BILLING

Name as it appears on the card _____

Credit Card Address _____ Zip code _____

Signature _____

PLEASE INCLUDE SHIPPING INFO & PARTS(S) ORDERED BELOW

Year _____ Make _____ Model _____

Part(s) ordered 1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

Name: _____

Address: _____

City: _____

St. _____

Zip Code _____

Phone # _____

Fax # _____

If for any reason that part(s) being shipped are returned by refusal of delivery, your order canceled, insurance totaled vehicle or ordered wrong, freight charges to get there will NOT be refunded and also the cost of returning will be deducted! NO EXCEPTIONS

(This statement was read...no ship without initials) Customer initials X _____

Please provide an email address for shipping notifications – Email: _____

Thank you choosing Big LeRoy's Auto Parts! Please fax or email this completed form to your salesperson. (281) 447-3513 FAX