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One Time Credit Card Payment Authorization Form

Attention:					
Complete, sign and return					
signing this form you give					
or after indicated date. You also agree that refunds do not include any shipping and handling charges. Shipping charges for all returns must be prepaid and insured by you.					
You are responsible for any					
handling charges are not re					
shipping.					
Discourse de la Company	11.				
Please complete the information	below:				
I	authori	ze Strange Auto	Parts to char	ge my cre	dit card
(full name)					
account indicated below for _	(amount)	on or after	(date)	·	This payment is for
(description of goods/ser	(uniounit)	. Vehicle vin	#		
(description of goods/ser	vices)				
Billing Address					
City, State, Zip					
Phone Number					
Shipping information:					
Business Name					
Contact Name					
Shipping Address					
City, State, Zip					
Phone Number					
Email Address					
Account Type: 🗌 Visa	☐ Maste	rCard 🗌	Discover	☐ PayP	al
Cardholder Name					
Account Number				_	
Expiration Date					
CVV2 (3 digit number on back	of Visa/MC)				

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

DATE _