

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 #: \_\_\_\_\_ - \_\_\_\_\_

