Brothers Auto Parts LLC

10339 Willis Rd

Willis, MI 48191

PH (734)461-9000

Bro.autoparts@gmail.com

**Credit Card Payment Authorization Form**

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. **PLEASE SCAN AND EMAIL BACK – DO NOT FAX**

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize **Brothers auto parts to** charge my credit card

 (Full name)

account indicated below for $\_\_\_\_\_\_\_\_\_\_\_\_ on or after\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This payment is for

 (Amount) (Date)

 Part description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stock # \_\_\_\_\_\_\_Year & Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Shipping $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Part $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Shipping Address if different**

 **(Phone #)**

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shipping\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tax ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City,State,Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  Account Type: [ ]  Visa [ ]  MasterCard Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_\_\_\_  |

**NOTE**: 35% restocking fee and cost of shipping are non-refundable for returned items. **$200** charge applied

to shipping cost if lift gate is needed for delivery and not requested with purchase. Please make sure the parts needed match the parts ordered. Parts are to be returned in same condition as purchased. Electronics are sold as is and are non-returnable. **Any major mechanical job's MUST be completed by a Certified Mechanic or the warranty WILL be voided.** By signing this form, purchaser agrees that any charge backs must be communicated and agreed upon in writing, or otherwise forfeits rights to charge backs. Part must be returned and inspected before and refund will be issued. We reserve the right to reclaim unofficial charge backs if this policy is not followed.

**SIGNATURE**  **DATE**

**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. 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.**

**Copy of ID and front copy of credit card needed if for personal order and not business.**