

CREDIT CARD SALE AUTHORIZATION FORM

Fax to: 434-525-2537

Duval Auto Parts, Inc.

1101 Burnbridge Rd. Forest, VA 24551

434-525-9231 or 800-423-3442

Date: _____

Transaction Reference#: _____

Description of Purchase#: _____

CARD INFORMATION

Check One Visa Master Card Discover Amx

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

Name as it appears on Card: _____

Card Holders Address: _____

ZIP CODE: _____

Card Holders Home Phone#: _____

Card Holders Work Phone#: _____

Third Party Pickup Authorization:

I/WE AUTHORIZE _____

TO PICKUP THIS PURCHASE ON MY/OUR BEHALF from Duval Auto Parts of VA

I/WE UNDERSTAND ALL SALES & WARRANTY TERMS OF THIS TRANSACTION

& AUTHORIZE: DUVAL AUTO PARTS, INC. OF FOREST, VIRGINIA

TO CHARGE MY/OUR CREDIT CARD IN THE AMOUNT OF: \$ _____

CARD HOLDER'S SIGNATURE: _____