

SAW MILL AUTO



N.Y. State
Dismantlers
Lic. # 7109630

12 WORTH STREET • YONKERS, NEW YORK 10701 • TELEPHONE (914) 968-5300

Purchase Authorization and Authorization to use Credit Card

We accept VISA, MASTERCARD, AMEX, DISCOVER and PAYPAL

914-968-5300/fax 914-968-8276

For questions concerning your order your salesman is _____ ext. _____

Date _____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

Home# _____ Work# _____ Fax# _____

Credit Card# _____

Exp. Date _____ V-code _____ (3 digit # on back of card/4 digit # on front of AMEX)

E-mail address _____ (required)

Ship/Deliver Address: (If Different than Billing Address)

Repair Facility

Name _____

Street _____

City _____ State _____ Zip _____

Attn: _____ Phone# _____

Parts Description:

CREDIT CARD AUTHORIZATION

DETAIL OF CHARGES

Part: \$ _____

Core: \$ _____

Taxes: \$ _____

Freight: \$ _____

LiftGate/Residential Fee: \$ _____

Custom Fee: \$ _____

Total Charge: \$ _____

We are not responsible for Duties, Tariffs, Clearance, Customs Transfer, Export or any misc. fees not shown on this authorization. Lift Gate & Residential delivery fees may be additional cost. Orders from outside the US MUST be paid in US funds.

All orders will require a copy of the credit card (front and back) and driver's license showing signature.

Orders exceeding \$1000.00 will require a third party verbal authorization with your credit card company per SAW MILL AUTO.

I hereby authorize Saw Mill Auto to charge the order described to my **CREDIT CARD** as noted above. I understand that this order is placed via a telephone or internet and my signature on this agreement is binding. This purchase is for new/used auto parts. I understand that if for any reason I **REFUSE** this shipment the freight charges will be charged to my credit card. I understand that any **TAMPERING, DISASSEMBLY OF MODIFICATION** to this part without written authorization from **SELLER**, will void **ALL** warranties. All cores must be returned complete and in the kind and quantity unless otherwise agreed to and are subject to a **MINIMUM OF A 20% RESTOCK FEE**. If a return is necessary please contact your salesperson so that we may make arrangements for return shipments. We reserve the right to arrange **ALL** returns.

Cardholder Signature

X _____ Date _____

Sign and Fax this completed form to 914-968-8276

Manager's Authorization _____ Date _____