



# Discounted Auto Parts, LLC

1910 Bluff Rd  
Indianapolis, IN 46225  
Phone: (317)602-5086  
Fax: (317)986-7864

## One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize Discounted Auto Parts, LLC to make a one-time charge to your credit card as instructed below.

All refunds on out of state sales will not include shipping fees  
All out of state sales will not require a core return but will be subject to a \$29 core charge  
All local sales require a core to utilize our 60-Day Warranty offered on all driveline parts

### Billing Information

Purchaser Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

### Purchase & Shipping Details

Item Purchased: \_\_\_\_\_

Ship Attention To: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

\_\_\_\_\_

### Card Details

Visa    MasterCard    Discover    American Express

Cardholder Name: \_\_\_\_\_

Account/CC Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

CVV: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

I authorize the Discounted Auto Parts, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the products described above, for the amount indicated above only, and is valid for one (1) 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.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_