



3844 Nashville Hwy, Dowlletown TN 37059
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Credit Card Authorization Form

Date _____ Visa Discover MasterCard American Express

Customer Company Name _____

Cardholder's Name _____

Card # _____ Exp. _____ CVV _____

Billing Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Email Address _____

Shipping Address _____

(if different)

City _____ State _____ Zip _____

I authorize **Smithville Auto Salvage LLC** to charge my credit card in the amount of \$ _____

Item(s) Purchased: _____

By signing this authorization form, you are also acknowledging the following conditions of purchase:

- No cash refund
- 25% restocking fee on accepted returns
- Shipping is not refundable
- No returns on electrical parts, specials orders, or body cuts
- No labor warranty
- No returns on altered, disassembled, or overheated parts
- Returns must be made within 7 days of purchase date

Signature _____

Date _____

Printed Name _____

DL # _____