

Cullen Auto Parts

13701 Cullen Blvd * Houston, TX 77047 * 713-733-5100 * Fax 713-634-2655

Credit Card Authorization Form

CARD HOLDER INFORMATION

CARDHOLDERS Name: _____
Billing Street Address: _____
Street Address (cont.): City: _____ State: _____ Zip Code: _____
Email _____
Direct Telephone: (____) _____ - _____ ext. _____
TEXAS RESALE (if Applicable) # _____

***Please send copy front and back of credit card and legal I.D. when submitting request.**

SHIPPING INFORMATION

COMPANY Name: _____
Shipping Street Address: _____
Shipping Street Address: _____ suite/building _____
Shipping Address (cont.): City: _____ State: _____ Zip Code: _____
Contact Name _____ Phone #: _____

*Liftgate required: (circle one) YES NO

ANY ADDITIONAL FREIGHT CHARGES THAT ARE INCURRED BY CULLEN AUTO PARTS FOR THE DELIVERY OF PARTS BEING PURCHASED WILL BE CHARGED TO THIS CREDIT CARD. *Examples of additional charges include but are not limited to; Multiple delivery attempts, Liftgate use, or Residential Delivery.*

PARTS BEING ORDERED INFORMATION

INVOICE/REFERENCE #: _____ VIN# _____
Year # _____ Make _____ Model _____
Body Style _____ Engine size _____
Description of Parts Ordered _____

As The Credit Card Holder, I authorize **Cullen Auto Parts** to make a one-time charge against my credit card for the following amount \$ _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Card Number: _____

Expiration MM/YY: ____/____ Security Code: _____ Zip _____

Card holder Signature _____ Todays Date ____/____/____

**No refunds without office approval. *No refund of shipping charges. *Cullen Auto Parts will not issue any refund or credit without the return of original purchased merchandise.*

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Email # cullenauto@gmail.com