

**CAPITOL AUTO PARTS
1 CAPITOL BLVD
EAST BANGOR , PA 18013
610-588-2121 FAX 610-588-2911**

One time Credit Card Payment Authorization Form

Please complete and sign this form to authorize Capitol Auto Parts to make a one -time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debit or credits to your account.

Please complete the information below:

I _____ authorize Capitol Auto Parts to charge my credit card account in the amount of \$ _____. This payment is for the following Year: _____

Model: _____ Part: _____

Special instructions: _____

Billing address _____ Phone# _____

City, State, Zip _____ Email: _____

Shipping Address: _____

City, State, Zip _____

Account Type: Visa Mastercard Discover Amex

Cardholder Name _____

Account Number _____

Expiration Date _____ CVCC code: _____

Signature _____

Date _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I also understand freight/shipping charges are non-refundable. There is a 20% restocking charge if the part is returned because it is not needed or unwanted for any reason. 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.