



**813-635-0808**

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_ authorize Davidson Used Auto Parts to charge my credit card as described below. I guarantee full payment of the total amount agreed. A 7% sales tax will be added to the charge if applicable, unless a sales tax exemption certificate is supplied. I understand that this order is placed via a telephone, or Davidsons web site and my signature on the agreement is binding. I understand that if for any reason I refuse this shipment, the freight charges will be charged to my credit card. I understand the warranty on this purchase is only stated on Davidsons invoice which supercedes any and all card issuer warranties

Amount Charged \_\_\_\_\_

Description of the part \_\_\_\_\_  
\_\_\_\_\_

Name as Appears on credit card \_\_\_\_\_

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

\_\_\_ VISA \_\_\_ MASTER CARD \_\_\_ DISCOVER \_\_\_ AMEX

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ (month/h/year)

Verification Code: \_\_\_\_ (3 digits for Visa, MC, Discover and 4 digits AMEX)

Signature of Cardholder \_\_\_\_\_

Shipping Address : must be same as billing  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Special Instructions \_\_\_\_\_  
\_\_\_\_\_

**DAVIDSON USED AUTO PARTS**

5211 E BROADWAY AVE TAMPA, FL 33619

PHONE 813-635-0808 FAX 813-6350189

WWW.DAVIDSONUSEDAUTOPARTS.COM