



21311 Groesbeck Hwy
Warren, MI 48089
P: (586) 772-1720 F: (586) 772-4361

Purchase Authorization and Authorization to use Credit Card

We accept **VISA, MASTERCARD, DISCOVER and PAYPAL**

For questions concerning your order, your salesman is _____ ext. _____

Date: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home# _____ Work# _____ Fax# _____

Credit Card#: _____

Exp. Date: _____ V-code _____ (3 digit # on back of card or 4 on front (AMEX).

E-Mail Address _____ (required)

Ship/Deliver Address: (If Different than Billing Address)

Repair Facility
Name _____

Street _____

City: _____ State: _____ Zip: _____

Attn: _____ Phone# _____

Detailed parts description:

(year, make, model, part type and description in full detail)

CREDIT CARD AUTHORIZATION

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DETAIL OF CHARGES

Part: \$ _____

Core: \$ _____

Taxes: \$ _____

Freight: \$ _____

Lift Gate/Residential Fee \$ _____

Total Charge: \$ _____

Lift Gate & Residential delivery fees may be additional cost.

Orders exceeding \$500 will require a copy of the credit card (front and back) and driver's license showing signature.

Orders exceeding \$1000.00 will require a third party verbal authorization with your credit card company per [iDrive Auto Parts](#).

I hereby authorize [iDrive Auto Parts](#) to charge the order described to my CREDIT CARD, as noted above. I understand that this order is placed via a telephone or Internet and my signature on this agreement is binding. This purchase is for new/used auto parts. I understand that if for any reason I REFUSE this shipment the freight charges will be charged to my credit card. I understand that any TAMPERING, DISASSEMBLY OR MODIFICATION to this part without written authorization from SELLER, will void **ALL** warranties. All cores must be returned complete and in the kind and quantity unless otherwise agreed to in writing within 30 days from this invoice date. All parts returned must be returned complete as shipped and are subject to a MINIMUM OF A 25% RESTOCK FEE. If a return is necessary, please contact your salesperson so that we may make arrangements for return shipments. We reserve the right to arrange **ALL** returns.

Cardholder Signature

X _____ Date: _____

**Sign and Fax or Email this completed form to:
F: 586-772-4361 E: Sales@iDriveAutoParts.com**

Manager's authorization _____ Date _____