

CREDIT CARD / DEBIT CARD PAYMENT AUTHORIZATION

Please email the information back to villanuevaautoinc@gmail.com

Company name : _____

Customer Name: _____

Phone Number: _____ Email: _____

Order # _____ Part Ordered: _____

AMOUNT TO CHARGE ON CARD (including sales tax, if applicable) \$ _____

Please circle one : Visa Mastercard Account Holder / Authorized User

Credit / Debit Card Number: _____

Expiration: _____ 3-digit code (Back of Card) _____ Billing zip code _____

Cardholder name as it appears on credit / debit card: _____

I AUTHORIZE VILLANUEVA AUTO INC TO CHARGE MY DEBIT/CREDIT CARD FOR THE PURCHASE OF ITEMS (INCLUDING THE 3% CREDIT CARD PROCESSING FEE)

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE THAT VILLANUEVA AUTO INC IS NOT RESPONSIBLE FOR ANY BROKEN OR DAMAGED PARTS AND IS NOT LIABLE FOR ANY RETURN SHIPPING CHARGES. ALL RETURNS ARE SUBJECT TO A 25% RESTOCKING FEE, WITH NO EXCEPTIONS. ADDITIONALLY, I CONFIRM THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THE TERMS AND CONDITIONS OUTLINED ON THE VILLANUEVA AUTO INC WEBSITE (VILLANUEVAUTOINC.COM). I ACKNOWLEDGE THAT THESE TERMS AND CONDITIONS ARE A BINDING PART OF THIS AGREEMENT.

Cardholder Signature: _____

Please include the following with your completed form:

- A) Please Attach a CLEAR photocopy of the credit / debit card front and back sides
- B) Please attach a CLEAR photocopy of the cardholder's license/ Identification Card

Thank you for your Business !