

## 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 (VILLANUEVAAUTOINC.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 !

