

**G&G AUTO AND PARTS**  
325 W. GLENWOOD AVENUE  
PHILADELPHIA, PA 19140

1-215-426-1179  
1-215-426-2479  
1-215-426-2679 ( FAX)

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ authorize **G&G Auto and Parts** to charge my credit card as described below. I guarantee full payment of the payment as agreed... An 8% 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 **G&G Auto's** website 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 **G&G Auto's** invoice, which supersedes any and all card issuer warranties.

**AMOUNT CHARGED:** \$ \_\_\_\_\_ **PO # (IF NEED):** \_\_\_\_\_

**DESCRIPTION OF PART:** \_\_\_\_\_

**NAME AS APPEARS ON CREDIT CARD:** \_\_\_\_\_

**CARD TYPE:** VISA \_\_\_ MASTER CARD \_\_\_ DISCOVER \_\_\_ OTHER: \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ / \_\_\_\_\_ (month/year)

**SECURITY CODE:** \_\_\_\_\_ (last 3 digits behind the card)

**SIGNATURE OF AUTHORIZED USER:** \_\_\_\_\_

**BILLING ADDRESS OF CARD HOLDER:**

**PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**SHIPPING ADDRESS:**

(DELIVERY ADDRESS, BUSINESS NAME, CONTACT PERSON W/ PHONE #)

**Please Initial Here if Delivery Address is different than Billing:** \_\_\_\_\_