

New Dixie Used Auto Parts

947 Donald Lee Hollowell Parkway

Atlanta, GA 30318

404-873-2400

404-875-8585

Fax: 678-702-2400

www.newdixieusedautoparts.com

Credit Card Authorization Agreement

I, _____ authorize New Dixie Used Auto Parts to charge my credit card in the amount of \$_____.

Card # _____ Expiration Date __/__/__

Three-digit number on the back of the card ___

D.L. No: _____ Expiration Date __/__/__

(Please send photocopy of drivers license with this form)

Billing Address: _____

Telephone: () _____ - _____

Email Address: _____

Item Purchased (be specific) _____

There are no refunds on electrical parts, no refund unless the part cannot be replaced. No guarantees unless agreed differently and no refunds on special orders. Used parts are sold in good, as-is condition. Refund requests and all claims for adjustment due to parts sold must be in writing and faxed within 48 hours of the time of delivery or the sale will be considered final. There is a 25% restocking fee. New Dixie Used Auto Parts reserves the right to have reasonable shipping charges, all parts delivered are shipped COD or shipping and handling charges will be added to the amount authorized above. The seller is not responsible for customer's error in ordering. There is no color guarantee on any body or interior parts. New Dixie Used Auto Parts is not responsible for delivery damages resulting from shipping. The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Signing this authorization agreement, I state that I have read the conditions of purchasing the above described merchandise and I agree with it.

Signature: _____ Date __/__/__

We strongly advise recommend insurance for your part(s). Mark here () to insure your parts for \$10.00 against loss or damages while your part(s) of up to \$1,000.00 are being shipped. Additional insurance is available for a flat rate of 1% of the value of the part(s).

PROMISES MADE BY THE REPRESENTATIVE: _____

Shipping address (if different from above): _____

FAX THIS AUTHORIZATION AGREEMENT TO 678-702-2400