

CAPITAL CITY AUTO SALVAGE

\$\$\$ **4%** \$\$\$
**SERVICE CHARGE
ON CREDIT
CARDS**

Credit Card Authorization Form

www.capitalcitysalvage.com

Phone: 866-355-2970

Local: 401-232-3210

Fax: 401-232-0571

77 Armento Street, Johnston RI 02919

****PLEASE FILL OUT COMPLETELY****

Initial the following and then complete the form:

_____ 4% Service Charge on Credit Cards

_____ No Refunds on Shipping

_____ No Warranty on Transmissions

_____ 30% Restocking Fee

Name: _____ Tax ID: _____

Address: _____

City, State, Zip: _____

Email address: _____ Phone: (_____) _____ - _____

Shipping Address: _____

City, State, Zip: _____

Attention: _____

Year/Make/Model: _____ Part: _____

Price + Tax: \$ _____

Stock #: _____

Shipping: \$ _____

Total: \$ _____

We accept major credit cards: Please check one: _____



Card Holders Name as it appears on the card: _____

Billing Address: _____

City, State, Zip: _____

\$\$\$ **4%** \$\$\$
**SERVICE CHARGE
ON CREDIT CARDS**

Credit Card Number: _____ Expiration Date: ____/____/____

V- Code: _____

There will be an additional 4% merchant service fee for all credit and debit card transactions.

I hereby authorize Capital City Auto Salvage to charge the amount above to my credit card for my order.

I understand and agree to the sales policy and warranty.

Card Holders Signature: _____ Date: ____/____/____

Note: Please fax us a copy of your license and both sides of your credit card.

NO refunds on shipping

AS OF 2019 TRANSMISSIONS SOLD WITH NO WARRANTY