	st Side Auto Parts, Inc. arptown Road, Laurel, DE 1993	56
	02-875-3252/800-323-3254	30
Purchase Authoriz	ation or Authorization to Us	<u>e Credit Card</u>
Fax back to 800-875-7982	2 or email to parts@wsa	ap.com
Attn Salesperson		
We accept MASTERCA	RD/VISA/DISCOVER (no A	American Express)
Cardholder Name:	Home #:	
Billing Address:	Work #	
	Fax #:	
City	State	Zip
Credit Card #	E-mail Address	
Expiration Date:	CV#(required-locate	d on back of card)
Name of Shop to Ship To:		Attention:
Address	Phone:	
City	State	Zip
NO RESIDENTIAL DELIVERY		
Where did you hear about us?		
I hereby authorize West Side Auto Parts, Ind above. I understand that this order is place binding. This purchase is for used parts (F. shipment, the Freight Charges will be charge modification to this part without written auth returned complete and in the kind and quant date. All parts returned must be returned con- fee. If a return is necessary, please contact shipments. We reserve the right to arrange	d via telephone or the internet and m .O.B.) Laurel, DE. I understand that ed to my credit card. I understand to horization from SELLER will void a city unless otherwise agreed to in wr complete as shipped and are subject to your salesperson so that we may ma	hy signature on this agreement is at if for any reason I REFUSE this that any tampering, disassembly or all warranties. All cores must be iting within 30 days from the invoice o a minimum of a 15% restocking
PARTS		
PARTS PRICE	FREIGHT	
Total Purchase	DATE	
SIGNATURE AUTHORIZATION _		