

Vin # _____

PART: _____
YEAR: _____ MAKE: _____
MODEL: _____

McCARTY AUTO PARTS, INC.
1118 ALTAMAHA RD.
HAZLEHURST, GA. 31539

This form must be filled out completely or you will not receive your parts ! **

PHONE: 800-329-7258 FAX: 912-375-9898

PERSONAL INFORMATION (PLEASE PRINT)

MAP AUTO SALES REP: _____

FIRST NAME: _____

LAST NAME: _____

TITLE: _____

COMPANY NAME: _____

PHONE: _____

FAX: _____

CREDIT CARD INFORMATION (PLEASE PRINT) CREDIT DEBIT

CREDIT: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

BUSINESS OR PERSONAL CARD: BUSINESS PERSONAL

CARDHOLDER'S NAME: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE (MM/YY): ____/____ CVV2 (3 DIGIT CODE): _____

LIMIT PER TRANSACTION: \$ _____

BILLING INFORMATION (PLEASE PRINT CLEARLY)

SHIPPING ADDRESS O SAME AS BILLING ADDRESS

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____

STATE: _____

ZIP/POSTAL CODE: _____

ZIP/POSTAL CODE: _____

I AUTHORIZE McCARTY AUTO PARTS, INC TO CHARGE THIS CREDIT CARD ACCOUNT FOR THE AMOUNT

OF: \$ _____ ONE TIME OR UP TO THE AMOUNT OF \$ _____ BLANKET

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

**** (PLEASE PRINT & SIGN NAME) ****

**** (IF NOT LEGIBLE THE PART WILL NOT . SHIP) ** ****

ALL FREIGHT ORDERS MUST HAVE A COMMERCIAL ADDRESS TO SHIP TO.

** ANY ADDITIONAL CHARGES DUE TO RESIDENTIAL DELIVERY OR ADDITIONAL SERVICES WILL BE CHARGED TO CUSTOMER IN ADDITION TO THE ORIGINAL AUTHORIZED AMOUNT** UPS PACKAGES MAY BE SENT TO RESIDENTIAL OR COMMERCIAL.