

PART: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

**McCARTY AUTO PARTS, INC.**

**1118 ALTAMAHA RD.**

**HAZLEHURST, GA. 31539**

**PLEASE COMPLETE**

**FORM & FAX BACK**

**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 ( ¾ 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 BE 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.**