

# Late Model



FAMILY-OWNED FOR 4 GENERATIONS  
OVER 40 YEARS OF EXPERIENCE



5420 E 10TH ST KANSAS CITY, MO 64127  
TOLL FREE: 800-800-8502  
LOCAL: 816-483-8500 FAX: 816-483-0093

## Authorization to Charge Credit Card

We accept MASTERCARD / VISA / Discover (Please Print Clearly)



DATE  Card Holder Name:   
(as it appears on statement)

Billing Address:

City:  State  Zip

Credit Card #:  CVV#  EXP DATE

HOME#  WORK#  FAX#

### Shipping Information

Ship to:  Attn:

Address  Phone #

City:  State:  Zip:

(If a lift truck is required there is an additional charge of \$85.00 in addition to the freight charges listed below (unless otherwise stated on this form). The customer is responsible noting all damages to the shipment prior to signing the freight bill. All parts are sold FOB Kansas City, MO.

I hereby authorize **LATE MODEL AUTO PARTS** to charge the order as described below on my **CREDIT CARD**. I understand that this order is placed **BY TELEPHONE** and my signature on this agreement is binding. This purchase of used auto parts is **FOB Kansas City, MO**. I understand that if I refuse this shipment all **freight charges** will be billed to my credit card and will be charged a 20% restocking fee for ALL non defective returns.

**Photo copy of ID and Credit Card required on all orders over \$500.00**

Attached to this authorization the card holder had included a photo ID

**DETAIL OF CHARGES:** Salesperson  Workorder#

Yr  Make  Part (s)

Parts \$  Core \$  Freight\$  Tax \$

**Total Purchase & Charges \$**

**Cardholder Signature:** \_\_\_\_\_

(By signing I authorize Late Model Auto Parts to charge my credit card and ship to the address listed above. I understand that I am responsible for this shipment and if there is a problem with the order I will need to contact Late Model Auto Parts to resolve any issue)