



PLEASE PRINT CLEARLY.

**After completing this form, PLEASE SUBMIT THIS FORM & A COPY OF YOUR DRIVER'S
LICENSE PLUS YOUR CREDIT CARD TO:**

PARTS@SALSAUTOPARTS.COM

Card Type: ___ MasterCard ___ Visa ___ Discover ___ Amex ___ Zelle

Credit Card #: _____ Exp. Date: _____ CVC Code: _____

Name on card: _____

Billing Address: _____

Driver's License #: _____ Issued by State of _____

Description of parts ordered: _____

I, (PRINT YOUR NAME HERE ) _____,

AUTHORIZE ***Sal's Auto Parts*** and grant them permission to charge my credit card IN THE
AMOUNT OF \$ _____, TO PAY FOR THE ABOVE MENTIONED
PARTS/ITEMS.

SIGNATURE: _____

TODAY'S DATE: _____

*****if you do not provide a copy of your driver's license & credit card,
your order will NOT BE PROCESSED*****