

Town & Country Auto Parts

3127 S Wagner Rd

Ann Arbor, MI 48103

800.995.0908



PHONE: 734.662.4485 exit 101 FAX: 734-991-0225

townandcountryautoparts3@gmail.com

By signing this form you give Town and Country permission to debit your account for the amount indicated on or after the indicated date.

I _____ authorize **Town&Country** to charge my Visa/MC
(Full name)

Account indicated below on or after _____ this payment is for Part description _____
(Date)

Stock # _____ Year & Model _____ Price \$ _____

Shipping \$ _____ 3% Card transaction Fee _____ Total Part & Shipping \$: _____

Business name: _____

Shipping Address: _____ must match billing address

City: _____

State, Zip: _____

Tax ID: _____

Phone: _____

NOTE: 35% restocking fee and shipping costs are non-refundable for returned items. **Note: 3% non-refundable** transaction fee will be charged for purchase and returns. **A \$200 charge will be applied** to shipping cost if lift gate is needed for delivery and not requested with purchase. Please make sure the parts needed match the parts ordered. Parts are to be returned in same condition as purchased. Electronics are sold as is and are non-returnable. By signing this document, you are in agreement with the terms and conditions of our 30 day warranty.

Any major mechanical job's MUST be completed by a Certified Mechanic or the warranty WILL be voided.

By signing this form, purchaser agrees that any charge backs must be communicated and agreed upon in writing, or otherwise forfeits rights to charge backs. Part must be returned and inspected before a refund will be issued. We reserve the right to reclaim unofficial charge backs if this policy is not followed.

SIGNATURE _____ DATE _____

According to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Copy of ID and copy of front of credit card if used for personal order and not business I authorize the above named business to charge the credit card indicated in this authorization form

Account Type: Visa MasterCard ONLY

Cardholder Name _____

Account Number _____ Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____ ZIP _____