



New Carlisle Auto Parts
690 Quick Rd
New Carlisle, OH 45344
937-845-3236
FAX 937-845-4286

BILL TO

SHIP TO

NAME:

NAME:

ADDRESS:

ADDRESS:

CITY,ST,ZIP:

CITY,ST,ZIP:

TEL#:

TEL#:

**CREDIT CARD
VISA-MASTERCARD-DISCOVER**

_____-_____-_____-_____-_____-_____-_____-_____-_____-
EXP ____-____ **VCODE** _____

BILLING ZIP CODE:_____

PART ORDERED

STK# _____ **DESCRIPTION** _____

I HAVE FILLED THIS FORM OUT COMPLETELY AND UNDERSTAND THAT IF I HAVE NOT FILLED IT OUT CORRECTLY MY PART WILL NOT BE SHIPPED . I UNDERSTAND THE WARRANTY INFORMATION AND I DO UNDERSTAND THAT IF I AM DROP SHIPPING THE END CUSTOMER STILL HAS TO ABIED BY THE SAME WARRANTY POLICY. BY SIGNING THE BOTTOM OF THIS FORM YOU AUTHORIZE NEW CARLISLE AUTO PARTS TO CHARGE THE CREDIT CARD ABOVE IN THE AMOUNT ABOVE FOR THE PARTS YOU HAVE ORDERED.IN THE EVENT A BAD PART IS SENT I WILL GIVE COLUMBUS AUTO RECYCLING THE CHANCE TO REPLACE IT AND I UNDERSTAND THAT DOING A CREDIT CARD CHARGE BACK IS NOT AN OPTION.

PRICE QUOTED

\$ _____ **(with shipping)** _____

SIGN _____ **DATE** _____