



4201 Recker Highway
Winterhaven, FL 33880

863-299-9000 | 888-SPIVEYS

f. 863-294-9000

sales@spiveyautosalvage.com

Complete and sign the form below. Mail, fax, or email the required documents requested in order to process order and submit payment. Thank you for your business.

Business Name _____

If requesting tax exemption, please send in applicable tax exemption form

Cardholder Name _____

Billing Address _____

City _____ **State** _____

Phone _____ **Country** _____

Type of Card Visa MasterCard Discover Amex Other _____

Card # _____ **CVV** _____ **Exp Date** ____ / ____

Total Purchase Amount \$ _____

Please attach photo ID and a copy of BOTH front and back of the credit card.

I, the undersigned, agree, understand, and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order. These charges will appear on my credit card statement as **Spivey's Auto Salvage, Inc.** for the payment of the below described parts and that I accept full financial responsibility for payment of this order. I, further, understand the return policy of Spivey's Auto Salvage, Inc. and acknowledgement that return freight is at customer expense unless otherwise noted IN WRITING from Spivey's Auto Salvage, Inc.

Year _____ **Make** _____ **Model** _____

VIN _____

Parts requested _____

Card Holder's
Signature _____ **Date** _____

PRIOR AUTHORIZATION CODE MUST BE OBTAINED PRIOR TO ANY RETURNS