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spiveysautosalvage@aol.com

Complete and sign the form below. Mail or fax required documents to process order. Thank you for your business!

Business Name _____

Please provide tax certificate if applicable.

Cardholder Name _____

Billing Address _____

City _____ **ZIP** _____

Phone _____

Type of Card Visa MasterCard Discover Amex

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

Parts Price _____ **Freight** _____ **Core** _____ **Tax** _____

Total Price of Purchase \$ _____

I, the undersigned, agree, understand, and authorize the amount shown above to be charged to my credit or debit card for the items shown on this order. The charges will appear from **Spivey's Auto Salvage, Inc.** for the payment of the below described items. I accept full financial responsibility and understand the RETURN POLICE of Spivey's. I understand that PRIOR AUTHORIZATION is required for a return and that return freight is responsibility of customer unless acknowledged IN WRITING from Spivey's.

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

VIN _____

Parts requested _____

Please attach copy of BOTH front and back of the credit card and driver's license.

Signature _____ **Date** _____