



CREDIT CARD AUTHORIZATION FORM

Oakleaf Auto Toll Free: 1-800-952-0038
26246 463rd Ave Local: 605-528-3244
Hartford, SD 57033 Fax: 605-528-8902

For questions concerning your order, contact your salesman _____ Ext. _____

Date ____/____/____ Sales Tax ID # _____

Name of Business _____ Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax _____

Credit Card # _____ Exp. Date _____ Security Code (3 digits on back of card) _____

Year _____ Make _____ Model _____ Vin # _____

Parts Requested _____

Part Chrg. \$ _____ Core Chrg. \$ _____ Shipping Chrg. \$ _____

Sales Tax (SD 4.5%) \$ _____ TOTAL \$ _____

I hereby authorize Oakleaf Auto to charge the order, as noted above, to the credit card listed. I understand that this order is placed via telephone, and that my signature on this agreement is binding. This is for used parts, plus shipping and handling. I understand that if for any reason I REFUSE this shipment, the shipping charges will be applied to my credit card. I understand that if any TAMPERING, DISASSEMBLY OR MODIFICATION is made to the part without written authorization from SELLER will VOID ALL WARRANTIES. All cores must be returned in the kind and quantity within 30 days from the invoice date, unless otherwise agreed to, in writing, by both parties. All parts returned must be complete, as shipped, and are subject to a MINIMUM 25% RESTOCKING FREE. If a return is necessary, BUYER is responsible for shipping part back at his or her own expense. If SELLER deems part to be defective, a refund will be issued to the part only. There will be NO REFUNDS on shipping charges. **WARRANTY DOES NOT COVER LABOR!**

Cardholder Signature _____ Date ____/____/____