

Gonzalez Auto Parts Inc.

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Billing Informatio	<u>n</u>	Shipping Information	
Name:		Name:	
Address:City:		Address: City:	
State, Zip:		State, Zip:	
Phone Number:		Phone Number:	
P.O. Number:		Email:	
	Part(s) In	<u>formation</u>	
Year Make	Model		
Vehicle Identification Number (VIN)		
Part(s) Description			
•			
Cost of Part(s):		Cost of Shipping:	
Do you need a lift?	Yes No	Do you have limited access space	?
electrical part. Shipping prices differ if they are bei delivery and was not menti additional lift gate fee after	charges are non-reng shipped to a resoned prior to ship delivery while the	ere is no warranty on ECM's or a efundable. Engine & transmission sidence or business. If a lift is requing, the customer is subject to be same applies to limited access spect to any parts refunded.	n shipping uested upon e charged an
	Payment I	<u>nformation</u>	
Visa Master Card Ot	her (Please specify)) Expiration date	/
Credit / Debit Card Number:		Security co	ode
Name on Credit/Debit Card:_			
	•		
I agree that the signed nam		stitutes my legal signature and the	nat I will pay

Printed Name ______Signature_____