



Order Form

Email: HouseParts@aol.com Phone: (313) 841-1818 Fax:
(313) 841-1820

Name:

First Name

Last Name

E-mail:

Address:

Street Address

City

State

Zip Code

Phone Number:

Area Code

Phone Number

Card Number:

Type of Card:

Expiration Date:

CV Code:

License Number:

Part(s) Purchased:

Total Price (with shipping):

I, the above cardholder, authorize House of Auto Parts, Inc. to charge the above Credit Card account for the amount stated on this authorization form.

Signature:

Date:

****BE SURE TO ATTACH A PHOTO COPY OF YOUR DRIVERS LICENSE AND CREDIT CARD OR YOUR SALE WILL NOT BE FINAL****