



CREDIT CARD AUTHORIZATION

DATE: _____

CUSTOMER: _____

PHONE: _____

FAX: _____

CHOOSE CREDIT CARD TYPE:



NAME ON CARD: _____

CARD NUMBER: _____ CVV: _____

EXPIRATION: _____ CHARGE LIMIT: _____

BILLING ADDRESS: _____

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card. I understand these charges will appear on my credit card statement under the business name: "Southwest Wheel" and I accept full financial responsibility for the payment of this order.

I agree payments are non-refundable and services / merchandise are delivered to my satisfaction.

CARD HOLDER SIGNATURE

DATE

Please fax this completed form and a legible copy (MUST BE ABLE TO READ THE NUMBERS FROM THE COPY) of the **Credit Card and Driver's License** to Southwest Wheel at (210) 247-2154

[Place Credit Card Here]

[Place Card Holder's ID Here]
