



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize **Starr Wheel** to charge my credit card in the
(full name on card)

amount of \$ _____ including _____ add shipping)

VISA

MasterCard

American Express

Discover

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____

Credit Card Billing Address:

* Please note: We can not ship product to any address other an the billing address of the credit card

Street: _____

PLEASE PRINT

City: _____ State: _____ Zip Code: _____

Country (if not US): _____

Telephone: (_____) _____

Name of Company: _____

Email Address: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above. I also agree to pay any and all charges resulting in rejected freight and reasonable attorney fees resulting from collection.

Cardholder's Signature

_____/_____/_____
Date

(Optional) As the credit card holder, I also authorize **Starr Wheel** to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until (date): _____ Initials Here: _____

Please fill out and FAX back to 954-935-5540