



Your Wholesale Wheel & Tire Specialists

## CREDIT CARD AUTHORIZATION FORM

Billing Info for this card.

Company Name:		Account Number:
Phone Number	( )	Email
Billing Address:		

### Credit Card Information

VISA <input type="checkbox"/>	Master Card <input type="checkbox"/>
Card Number _____	
Expiration _____ / _____	CVC _____
Name as it appears on card _____	
Keep on File: Yes <input type="checkbox"/>	No <input type="checkbox"/>
OR: I authorize Curtis Tire one time only to charge:	\$ _____ Authorized Amount

Authorized Signature <b>X</b>	Date:
Print Name	Title

Please Email this form back to: [info@curtiscustomwheel.com](mailto:info@curtiscustomwheel.com)

If you have any questions regarding this form, please call: 1.888.487.1136

CURTIS CUSTOM WHEEL USE ONLY

Customer:	Order #:	Invoice #:
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