



### Credit Card Authorization

Please choose one of the following:


 
 

Company Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CVS Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Expiration date: \_\_\_\_\_

By signing the above authorization form, you are authorizing Wheel Performance of Florida to automatically charge the above credit card for all purchased items from this date until notified in writing to do otherwise.

**Fax back to: 407-830-1873**

I authorize Wheel Performance of Florida to charge my credit card:

Signature: \_\_\_\_\_