



CREDIT CARD AUTHORIZATION FORM

BUSINESS NAME: _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD TYPE: VISA [] MASTERCARD [] DISCOVER [] OTHER []

CREDIT CARD #:

EXPIRATION DATE: _____ CVC CODE (3 DIGIT # ON BACK): _____

BILLING ADDRESS:

SHIPPING ADDRESS (If different): _____



PLEASE MAKE A COPY OF THE FRONT OF THE CREDIT CARD AND FAX WITH THIS FORM

CHARGES WILL ONLY BE ACCEPTED FROM CARD HOLDER OR AUTHORIZED PERSON LISTED BLEOW.

I, _____ (please print) hereby authorize **BALLISTIC CYCLES** to charge the above credit card for (please check one of the following):

One time purchase.

ALL purchases and/or Invoices/Orders with BALLISTIC CYCLES.

(Cardholder Signature)

(Date)

(Other Authorized Signature)

(Date)

Please complete form and fax/e' mail to 608-437-1560, sales@ballisticcycles.com

If at any time you would like to change/remove the credit card on file, please call us at 608-437-1556, or email us at sales@ballisticcycles.com. Thank you for your business!