



Credit Card Authorization Form



PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

CARD PAYMENTS ARE SUBJECT TO 3%

Business Name: _____

Cardholder Name: _____

Card Billing Address: _____

_____ Zip: _____

Credit Card Type: _____ Visa _____ Mastercard *NO AMERICAN EXPRESS*

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

I authorize __LENZO WHEELS__ to charge the amount for owing invoices to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

- THIS FORM MUST BE RETURNED WITH COPY OF CREDIT CARD FRONT/BACK
DRIVING LICENCE FOR CARD HOLDER
COMPLETED C.O.D ACCOUNT FORM

Florida:

Fax Back to: 407 245 1118 Or Email: usa@axewheels.com

Arizona:

Email Back: axewheelsphx@gmail.com