



CREDIT CARD AUTHORIZATION

DATE: _____

CUSTOMER: _____

PHONE: _____

FAX: _____

CHOOSE CREDIT CARD TYPE:



NAME ON CARD: _____

CARD NUMBER: _____ CVV: _____

EXPIRATION: _____ CHARGE LIMIT: _____

BILLING ADDRESS: _____

INDIVIDUAL PICKING UP MERCHANDISE: _____

OR

MERCHANDISE TO BE DELIVERED OR SHIPPED VIA FREIGHT COMPANY

By signing below, I authorize Southwest Wheel to charge the above referenced credit card for merchandise being picked up, delivered, or shipped via Freight Company.

CARD HOLDER SIGNATURE

DATE

Please fax this completed form and a legible copy (**FRONT & BACK: MUST BE ABLE TO READ THE NUMBERS FROM THE COPY**) of the credit card to Southwest Wheel at 210/247-2154.