

CAPITAL ORIGINAL WHEELS

CREDIT CARD AUTHORIZATION FORM

15326 S. Figueroa St., Gardena, CA, 90248 800-463-7467 fax: 323-321-9192

CARDHOLDER INFORMATION (All fields are Required):

Name: _____

Billing/Shipping Address:

Street: _____

City/State/Zip Code: _____

**NOTE: The shipping and billing address must be the same.

Home Phone: _____

Work Phone: _____

Credit Card Type and Issuing Bank: _____

Card Number: _____

Expiration Date: _____

Security Code (Last 3 Digits on back of card): _____

Bank Phone Number on back of card: _____

I HEREBY AUTHORIZE CAPITAL ORIGINAL WHEELS TO PROCESS THE ABOVE CREDIT CARD FOR FULL PAYMENT OF THE TELEPHONE/INTERNET ORDER PLACED WITH CAPITAL SALES REPRESENTATIVE *: _____

ON *: _____

WHEN SIGNED, THIS DOCUMENT WILL SERVE AS "SIGNATURE ON FILE" FOR THE PURCHASE DESCRIBED:

ORDER AMOUNT *: _____

INVOICE NUMBER*: _____

I understand that all charges related to this order, including freight, as well as a core charge (please read note below), will be processed on the above designated card. In the event that charges cannot be processed on the above card, I agree to be personally responsible for payment of these charges via guarantee funds to Capital Original Wheels upon demand.

You will be contacted by your sales representative upon receipt of your cores should any repairs, or chrome stripping be required.

I further understand that Capital Original Wheels does not pay for freight for the return of product. This include exchange cores, as well as warranty returns.

CARDHOLDER SIGNATURE

DATE SIGNED

DESCRIPTION: _____