

# ***CAPITAL ORIGINAL WHEELS***

CREDIT CARD AUTHORIZATION FORM 800-463-7467

CARDHOLDER INFORMATION (All fields are required): Fax 323-321-9192

NAME: \_\_\_\_\_

Billing Address:

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address: (If same as billing, leave blank)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email (for shipping tracking #) \_\_\_\_\_

We accept American Express, Visa, Master Card and Discover Card.

Credit Card Type: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Security Code (Last 3 or 4 (Amex) Digits on back of card): \_\_\_\_\_

I Hereby Authorize Capital Original Wheels to process the above credit card for FULL payment of the telephone/internet order place with Capital sales representative.

Sales Rep Name: \_\_\_\_\_ Date: \_\_\_\_\_

ORDER AMOUNT \*: \_\_\_\_\_

INVOICE NUMBER\*: \_\_\_\_\_

I understand that all charges related to this order, including freight, 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.

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

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date Signed

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_