



CREDIT CARD AUTHORIZATION FORM

Date: _____

Company: _____

Contact: _____

Order #: _____

Phone Number: _____

Card Holder Name: _____

Card Type: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card Holder Number: _____

Charge Amount: \$_____

Name on Card: _____

Card Expiration Date: _____

CVC: _____

Billing Street Address of Card: _____

Billing City of Card: _____

Billing Zip Code of Card: _____

Card Holders Signature: (REQUIRED)_____

I authorize U.S. Wheel Corporation to charge my credit card for the amount shown above.