



CREDIT CARD AUTHORIZATION

Date: _____

Company Name: _____

To avoid possible delays in shipment, the information below must match your credit card information exactly as it appears on your statement.

Company Name if applicable: _____

Name as it appears on the card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Card Type: VISA _____ MASTERCARD _____ EXP. Date: ____ / ____

Card Acct. # _____

CVV2# (three digits on back of card) _____

Persons Authorized to purchase on this account and charge to this credit card:

Print Name: _____ Print Name: _____

Print Name: _____ Print Name: _____

Print Name: _____ Print Name: _____

AUTHORIZATION AND CONSENT

By signing below, I authorize Adams Driveshaft, Inc. to charge the above credit card, the total amount of any invoice, including all processing fees incurred in the event of any NSF, closed account, or stop payments on our checking account by the bank. My signature further authorizes the above listed individuals to purchase products on this account and with this credit card.

Print Name: _____

Signature: _____ Date _____

Please fax completed form to 702.568.5682 attention Cindy. Any questions you may contact us at 702.568.5680 or via email to james@adamsdriveshaft.com.