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Credit Card Authorization Form

Please fill out this form and FAX it back to us at 209-664-0209

(FOR INTERNAL USE ONLY)

Authorization Code: _____

Account Code: _____

Invoice Number: _____

Sales Order Number: _____

Company Name: _____

Billing Address: _____

Phone Number: _____

I authorize Sinister Wheel to charge my account for purchase of wheels and tires.

(Only one time per form)

Pick One: _____ One Time Charge _____ Automatic Charge Every Month

Please Check: _____ VISA _____ MASTER CARD (No Other Cards are Accepted)

Name Of Credit Card Holder: _____

Credit Card Number: _____

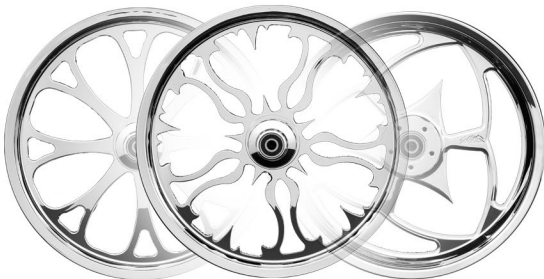
Expiration Date: _____ / _____

Amount to be charged per Invoice: \$ _____

(IN US DOLLAR ONLY)

Signature

Date



Sinisterwheel
583 S. Center Street
Turlock CA 95380

