



## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

### Credit Card Information (\$30.00 minimum for each credit card transaction)

Cardholder Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Card Type:  Debit  Credit (3% Credit Card Charge will be applied)

Credit Card Type:  Visa  MasterCard  American Express

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

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_ ("MUST FILL")

Billing Address: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize **EZGO International Inc.** to charge the agreed amount listed above to my credit card provided herein. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; as long as the transaction corresponds to the terms indicated in this form. I agree that this card will be charged for the difference if the carrier has adjusted the measurements of the package(s).

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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