



## CREDIT CARD AUTHORIZATION FORM

The undersigned agrees that the credit card listed on this form is authorized for only the following uses by Tmsparts.com - Parts Purchased, Shipping Charges, Restock Fees, and Refunds.

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Card Holder's Printed Full Name \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expires: \_\_\_\_\_ Cvv: \_\_\_\_\_

I authorize Tmsparts.com to bill the above credit card and I accept the responsibility for all charges related to Parts Purchased, Shipping Charges, Restock Fees, and Refunds applied to this credit card.

Authorized Cardholder's Signature: \_\_\_\_\_

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

Please email this form, along with a photo copy of your driver's license and credit card to [info@temeculamotorsports.com](mailto:info@temeculamotorsports.com) or fax to 951-493-8808